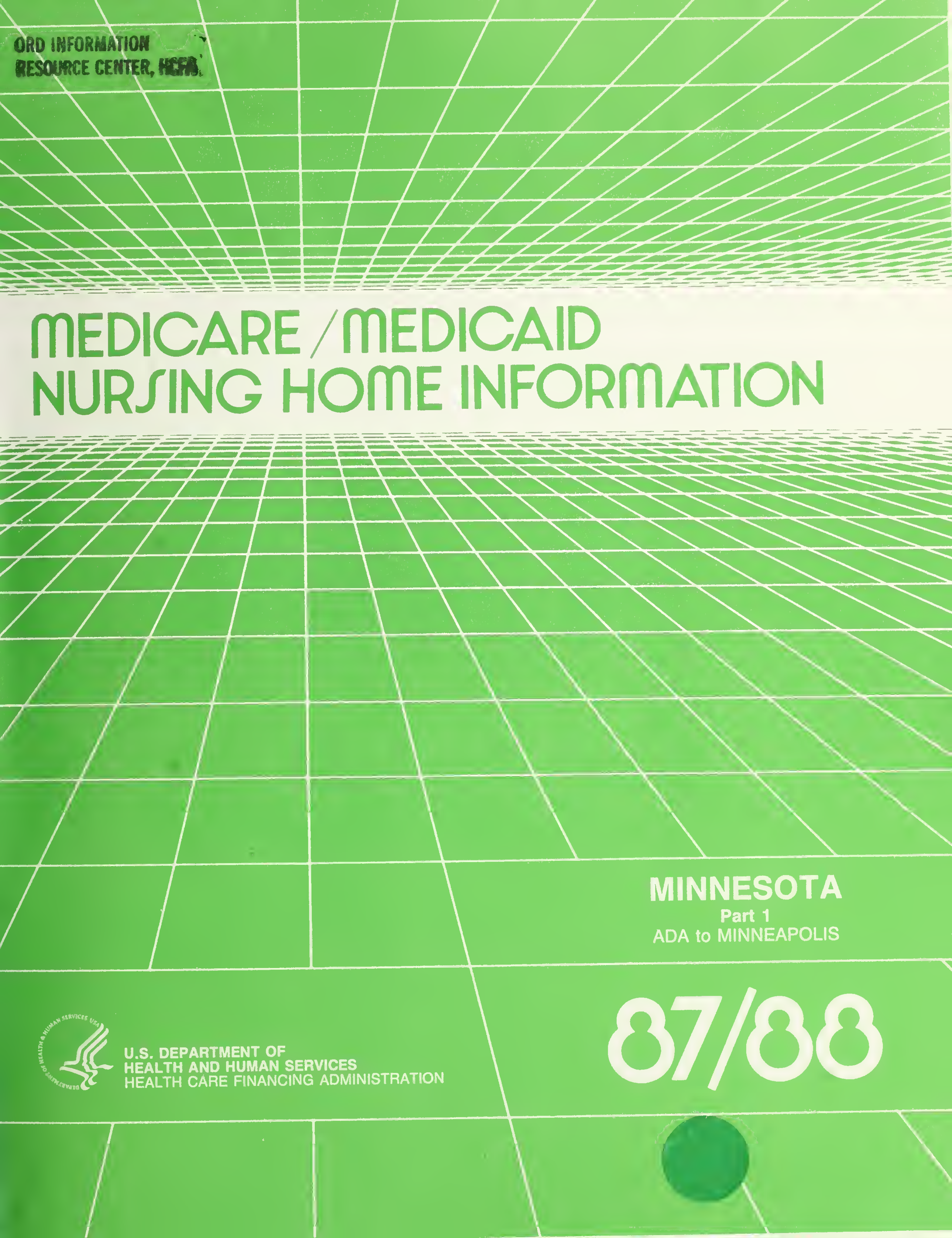
ORD INFORMATION
RESOURCE CENTER, HCFA



MEDICARE / MEDICAID NURSING HOME INFORMATION

MINNESOTA

Part 1
ADA to MINNEAPOLIS

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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1988
Minnesota
Pt.1

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

MINNESOTA

Part 1

ADA TO MINNEAPOLIS

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, DC 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

minnesota department of health
717 s.e. delaware st. p.o. box 9441 minneapolis 55440
(612) 623-5000

Overview of Nursing Home Licensure Program

Under the provisions of Minnesota law, nursing homes and boarding care homes must be licensed. The purpose of the licensure law is to assure that the services provided in these facilities meet minimum standards to protect the health, safety, comfort and well being of the facility's residents. The licensure law establishes general conditions relating to the operation and administration of these facilities, authorizes the development of regulations, and requires the inspection of these facilities.

The Minnesota Department of Health is the state agency responsible for the implementation of the licensure law. The Survey and Compliance Section in the Department's Division of Health Resources is the unit that is responsible for the licensing, inspection and regulation of nursing homes and boarding care homes. This Section is also responsible for conducting the necessary inspections to certify these facilities for participation in the Medicare and Medicaid programs.

The licensure process requires the annual submission of a license application and a full inspection of each facility at least every two years. The frequency of inspections is based on the compliance history of the facility. The purpose of the inspections is to determine the facility's compliance with state laws and the licensure rules.

The Department of Health also has an Office of Health Facility Complaints that is responsible for investigating complaints against nursing homes, boarding care homes, other health care facilities and health care professionals.

Overview of Enforcement System

Minnesota law authorizes the Department to issue correction orders for violations of the licensure laws and rules. These correction orders specify the violation, identify the law or rule that has been violated, suggest a method of correction and provide the facility a specified period of time to come into compliance. A reinspection will be conducted and if it is then determined that the facility has not made the necessary corrections, the Department will issue a monetary fine to the facility. In addition to the fining authority, the Department also has the authority to suspend or revoke a facility's license, to suspend admissions to a nursing home under specified circumstances, to restrict individuals from serving as an administrator or managerial employee of a nursing home and to initiate receivership of the facility.

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Resources Available to Consumers

Minnesota Department of Health

The Survey and Compliance Section of the Department's Division of Health Resources is responsible for the licensure, inspection and regulation of nursing homes and boarding care homes. Information concerning the licensure program, the compliance history of specified facilities and copies of inspection results can be obtained by contacting this Section.

Survey and Compliance Section
393 North Dunlap Street
P.O. Box 64900
Saint Paul, Minnesota 55164-0900

(612) 643-2101

The Office of Health Facility Complaints is responsible for investigating complaints received against nursing homes and boarding care homes. Information regarding the complaint process and the complaint history of specified facilities can be obtained by contacting this Office.

Office of Health Facility Complaints
393 North Dunlap Street
P.O. Box 64900
Saint Paul, Minnesota 55164-0900

(612) 643-2520 - Collect calls accepted

Long Term Care Ombudsman Program

This program is a part of the Minnesota Board On Aging and provides advocacy services to residents in nursing homes and boarding care homes. This program oversees the regional ombudsman programs located throughout the State. The ombudsman can also be contacted if you have questions regarding deficiencies issued to a facility.

Long Term Care Ombudsman
Minnesota Board on Aging
7th and Robert Street
Saint Paul, Minnesota 55101

(612) 296-2770
Toll free 1-800-652-9747 Ask for "Board on Aging"

Medicaid Fraud and Abuse Program

This program is located within the Attorney General's Office and is responsible for the investigation of criminal violations of the Medicaid laws.

Medicaid Fraud Division
Office of the Attorney General
Suite 200
525 Park Avenue
Saint Paul, Minnesota 55103

(612) 297-1048

Other State Programs Related to Nursing Home Quality of Care

A number of other state agencies have programs that relate to the services provided in nursing homes and boarding care homes. These programs include:

Minnesota Department of Health

In addition to the Department's licensure program, there are three other sections within the Division of Health Resources that are responsible for the quality of services provided in these facilities. The Quality Assurance and Review Section is responsible for the federal inspection of care program and also for establishing the individual resident classifications that are used to determine the rates to be charged in Medicaid certified facilities. The Technical Consultation and Training Section assists in the inspections of facilities and also provides consultation and training services. The Engineering Services Section is responsible for reviewing building plans and to assure compliance with applicable building and life safety codes. The Department also contracts with the State Fire Marshal to conduct life safety code inspections of the nursing homes and boarding care homes in the State.

Quality Assurance and Review
393 North Dunlap
P.O. Box 64938
Saint Paul, MN
55164-0938

(612) 643-2500

Technical Consultation and Training
393 North Dunlap
P.O. Box 64900
Saint Paul, MN
55164-0900

(612) 643-2530

Engineering Services
393 North Dunlap
P.O. Box 64900
Saint Paul, MN
55164-0900

(612) 643-2180

Department of Human Services

This Department is responsible for the administration of the Medical Assistance Program for the State. This major activity includes the establishment and administration of the Medicaid reimbursement program for these facilities, the monitoring of the costs of services provided by individuals and facilities, and the issuance of provider agreements which authorize a facility's participation in the Medicaid program. The Department is also responsible for the administration of the nursing home preadmission screening programs and for the alternative care grant program. These programs are intended to assist individuals in determining whether nursing home placement is appropriate as well as to provide services to allow individuals to remain at home.

Long Term Care Management Division
Department of Human Service
444 Lafayette Road
Saint Paul, Minnesota 55155

(612) 296-4931

State Board of Examiners for Nursing Home Administrators

This Board is responsible for the licensing of individuals that serve as the administrators of nursing homes. The Board has adopted qualifications for licensing and conducts the licensure examinations.

Board of Examiners for Nursing Home Administrators
Room 104
2700 University Avenue West
Saint Paul, Minnesota 55114

(612) 642-0595

Minnesota Board of Nursing

This Board is responsible for the licensing of registered nurses and licensed practical nurses and for investigation of complaints involving licensed nurses. The Board will also develop standards for the training and competency evaluation of nursing assistants working in nursing homes and maintain a registry of these individuals. This latter requirement is based on provisions contained in the 1987 Nursing Home Reform Act.

Minnesota Board of Nursing
Room 108
2700 University Avenue West
Saint Paul, Minnesota 55114

(612) 642-0567

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
ADA MUNICIPAL HOSPITAL C&NC

Street Address: 405 E 2ND ST		**City and State:** ADA MN 56510	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 53	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	71.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	34	69.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	31	63.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	69.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	34.7	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	10	20.4	42.6	50.8
Residents requiring restraints.	25	51.0	37.6	41.3
Confused or disoriented residents.	25	51.0	51.4	58.4
Residents with bed sores.	2	4.1	4.6	7.1
Residents receiving special skin care.	14	28.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ADAMS HEALTH CARE CENTER

Street Address: ROUTE 2, BOX 300	**City and State:** ADAMS MN 55909

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 66	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	83.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	48	73.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	46	70.8	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	75.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	16.9	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	54	83.1	42.6	50.8
Residents requiring restraints.	31	47.7	37.6	41.3
Confused or disoriented residents.	26	40.0	51.4	58.4
Residents with bed sores.	1	1.5	4.6	7.1
Residents receiving special skin care.	44	67.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARNOLD MEMORIAL HOSPITAL C NC UNIT

Street Address: 601 LOUISIANA	**City and State:** ADRIAN MN 56110

Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	100	68.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	70.7	56.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	68.3	46.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	53.7	72.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	70.7	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	31.7	21.7	29.3
Completely bedfast residents.	1	2.4	0.5	3.6
Residents confined to chairs.	13	31.7	26.9	39.1
Residents requiring restraints.	12	29.3	18.4	31.7
Confused or disoriented residents.	17	41.5	39.4	55.8
Residents with bed sores.	1	2.4	2.6	4.7
Residents receiving special skin care.	2	4.9	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AH GWAH CHING NURSING HOME

Street Address:	**City and State:** AH GWAH CHING MN 56430

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 343	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 241	**Medicare Residents:** 0	**Medicaid Residents:** 220

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	44	18.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	160	66.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	127	52.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	225	93.4	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	214	88.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	16.2	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	54	22.4	42.6	50.8
Residents requiring restraints.	14	5.8	37.6	41.3
Confused or disoriented residents.	198	82.2	51.4	58.4
Residents with bed sores.	8	3.3	4.6	7.1
Residents receiving special skin care.	113	46.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AICOTA NH

Street Address: 850 2ND ST NW	**City and State:** AITKIN MN 56431

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	87.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	77	75.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	60	58.8	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	56.9	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	56.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	26.5	30.3	37.7
Completely bedfast residents.	6	5.9	1.0	3.4
Residents confined to chairs.	57	55.9	42.6	50.8
Residents requiring restraints.	30	29.4	37.6	41.3
Confused or disoriented residents.	66	64.7	51.4	58.4
Residents with bed sores.	3	2.9	4.6	7.1
Residents receiving special skin care.	22	21.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AITKIN COMM HOSP C NC UNIT

Street Address: 301 MINNESOTA AVE S	**City and State:** AITKIN MN 56431

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 48	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	100	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	42	95.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	42	95.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	86.4	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	86.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	59.1	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	0	0.0	42.6	50.8
Residents requiring restraints.	15	34.1	37.6	41.3
Confused or disoriented residents.	24	54.5	51.4	58.4
Residents with bed sores.	2	4.5	4.6	7.1
Residents receiving special skin care.	20	45.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOTHER OF MERCY NH

Street Address: 320 CHURCH ST, P.O. BOX 676	**City and State:** ALBANY MN 56307

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	90.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	64	77.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	55	66.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	54.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	4.8	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	25.3	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	49	59.0	42.6	50.8
Residents requiring restraints.	30	36.1	37.6	41.3
Confused or disoriented residents.	29	34.9	51.4	58.4
Residents with bed sores.	3	3.6	4.6	7.1
Residents receiving special skin care.	18	21.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALBERT LEA GOOD SAMARITAN CTR

Street Address: RT 2 BOX 217	**City and State:** ALBERT LEA MN 56007

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 182	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 180	**Medicare Residents:** 0	**Medicaid Residents:** 122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	180	100	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	140	77.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	128	71.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	180	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	162	90.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	28.9	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	44	24.4	42.6	50.8
Residents requiring restraints.	90	50.0	37.6	41.3
Confused or disoriented residents.	112	62.2	51.4	58.4
Residents with bed sores.	5	2.8	4.6	7.1
Residents receiving special skin care.	180	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOHNS LUTHERAN HOME

Street Address: 901 LUTHER PLACE	**City and State:** ALBERT LEA MN 56007

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 206	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 203	**Medicare Residents:** 6	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	196	96.6	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	170	83.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	144	70.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	203	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	141	69.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	83	40.9	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	32.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	80	39.4	42.6	50.8
Residents requiring restraints.	73	36.0	37.6	41.3
Confused or disoriented residents.	93	45.8	51.4	58.4
Residents with bed sores.	7	3.4	4.6	7.1
Residents receiving special skin care.	35	17.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THORNE CREST RETIREMENT CENTER

Street Address: 1201 GARFIELD AVENUE		**City and State:** ALBERT LEA MN 56007	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	88.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	33	66.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	29	58.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	72.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	34.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	21	42.0	42.6	50.8
Residents requiring restraints.	16	32.0	37.6	41.3
Confused or disoriented residents.	22	44.0	51.4	58.4
Residents with bed sores.	4	8.0	4.6	7.1
Residents receiving special skin care.	22	44.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THORNE CREST SOUTH

Street Address: 617 TENTH ST	**City and State:** ALBERT LEA MN 56007

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 28	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 2	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	3.7	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	25	92.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	74.1	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	59.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	17	63.0	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	33.3	30.3	37.7
Completely bedfast residents.	1	3.7	1.0	3.4
Residents confined to chairs.	17	63.0	42.6	50.8
Residents requiring restraints.	16	59.3	37.6	41.3
Confused or disoriented residents.	15	55.6	51.4	58.4
Residents with bed sores.	1	3.7	4.6	7.1
Residents receiving special skin care.	7	25.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHANY HOME

Street Address: 1020 LARK ST	**City and State:** ALEXANDRIA MN 56308

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 181	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 166	**Medicare Residents:** 2	**Medicaid Residents:** 107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	126	75.9	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	128	77.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	107	64.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	59.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	21.7	30.3	37.7
Completely bedfast residents.	4	2.4	1.0	3.4
Residents confined to chairs.	116	69.9	42.6	50.8
Residents requiring restraints.	56	33.7	37.6	41.3
Confused or disoriented residents.	77	46.4	51.4	58.4
Residents with bed sores.	7	4.2	4.6	7.1
Residents receiving special skin care.	48	28.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KNUTE NELSON MEMORIAL HOME

Street Address: 420 12TH AVE E	**City and State:** ALEXANDRIA MN 56308

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 167	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	**Medicare Residents:** 1	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	83.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	113	67.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	104	62.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	49.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	31.1	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	38	22.8	42.6	50.8
Residents requiring restraints.	64	38.3	37.6	41.3
Confused or disoriented residents.	57	34.1	51.4	58.4
Residents with bed sores.	21	12.6	4.6	7.1
Residents receiving special skin care.	24	14.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANNANDALE CARE CTR

Street Address: RR 4 BOX 57 HWY 24E	**City and State:** ANNANDALE MN 55302

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	93.2	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	46	78.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	34	57.6	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	50.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	6	10.2	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	28.8	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	18	30.5	42.6	50.8
Residents requiring restraints.	18	30.5	37.6	41.3
Confused or disoriented residents.	22	37.3	51.4	58.4
Residents with bed sores.	1	1.7	4.6	7.1
Residents receiving special skin care.	13	22.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANOKA MAPLE MANOR CARE CTR

Street Address: 1040 MADISON STREET		**City and State:** ANOKA MN 55303	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
126	0	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	50.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	96	76.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	85	67.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	60.3	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	61.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	23.0	30.3	37.7
Completely bedfast residents.	6	4.8	1.0	3.4
Residents confined to chairs.	59	46.8	42.6	50.8
Residents requiring restraints.	57	45.2	37.6	41.3
Confused or disoriented residents.	67	53.2	51.4	58.4
Residents with bed sores.	1	0.8	4.6	7.1
Residents receiving special skin care.	39	31.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN RIVER CARE CENTER

Street Address: 305 FREMONT STYREET		**City and State:** ANOKA MN 55303	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	1	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	55.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	50	60.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	40	48.2	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	42.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	20.5	30.3	37.7
Completely bedfast residents.	1	1.2	1.0	3.4
Residents confined to chairs.	36	43.4	42.6	50.8
Residents requiring restraints.	30	36.1	37.6	41.3
Confused or disoriented residents.	28	33.7	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	16	19.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
APPLE VALLEY HEALTH CARE CENTER

Street Address: 14650 GARRETT AVENUE	**City and State:** APPLE VALLEY MN 55124

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 197	**Medicare Residents:** 2	**Medicaid Residents:** 121

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	184	93.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	173	87.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	139	70.6	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	197	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	58.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	2.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	26.4	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	59	29.9	42.6	50.8
Residents requiring restraints.	99	50.3	37.6	41.3
Confused or disoriented residents.	140	71.1	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	31	15.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
APPLETON MUNICIPAL NURSING HOME

Street Address: 30 SOUTH BEHL STREET		**City and State:** APPLETON MN 56208	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	97.6	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	68	81.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	52	62.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	65.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	4.8	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	33.7	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	33	39.8	42.6	50.8
Residents requiring restraints.	30	36.1	37.6	41.3
Confused or disoriented residents.	58	69.9	51.4	58.4
Residents with bed sores.	3	3.6	4.6	7.1
Residents receiving special skin care.	27	32.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHANNA SHORES

Street Address: 3220 LAKE JOHANNA BOULEVARD		**City and State:** ARDEN HILLS MN 55112	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 208	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
207	2	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	192	92.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	188	90.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	156	75.4	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	207	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	151	72.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	30.4	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	86	41.5	42.6	50.8
Residents requiring restraints.	92	44.4	37.6	41.3
Confused or disoriented residents.	139	67.1	51.4	58.4
Residents with bed sores.	5	2.4	4.6	7.1
Residents receiving special skin care.	41	19.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN HOME

Street Address: 411 7TH AVE NW	**City and State:** ARLINGTON MN 55307

Participation: MEDICAID ICF	**# of Beds:** 63	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	59.7	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	46	74.2	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	41	66.1	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	74.2	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	58.1	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	30.6	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	35	56.5	26.9	39.1
Residents requiring restraints.	27	43.5	18.4	31.7
Confused or disoriented residents.	32	51.6	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	11	17.7	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PELICAN LAKE NURSING HOME

Street Address: P O BOX 227	**City and State:** ASHBY MN 56309

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	97.3	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	74.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	71.2	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	68.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	23.3	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	16	21.9	42.6	50.8
Residents requiring restraints.	1	1.4	37.6	41.3
Confused or disoriented residents.	44	60.3	51.4	58.4
Residents with bed sores.	1	1.4	4.6	7.1
Residents receiving special skin care.	10	13.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHITE COMMUNITY HOSP CNC

Street Address: 320 HWY 110 E		**City and State:** AURORA MN 55705	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 69	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	1	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	82.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	50	80.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	42	67.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	51.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	24.2	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	37	59.7	42.6	50.8
Residents requiring restraints.	14	22.6	37.6	41.3
Confused or disoriented residents.	39	62.9	51.4	58.4
Residents with bed sores.	2	3.2	4.6	7.1
Residents receiving special skin care.	33	53.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BURR OAK MANOR

Street Address: 400 10TH AVENUE NORTHWEST		**City and State:** AUSTIN MN 55912	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 137	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	100	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	106	89.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	82	69.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	55.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	4.2	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	24.6	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	30	25.4	42.6	50.8
Residents requiring restraints.	19	16.1	37.6	41.3
Confused or disoriented residents.	44	37.3	51.4	58.4
Residents with bed sores.	3	2.5	4.6	7.1
Residents receiving special skin care.	62	52.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMFORCARE CARE CENTER

Street Address: 205 14TH STREET NORTHWEST	**City and State:** AUSTIN MN 55912

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 45	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	73.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	38	84.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	31	68.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	48.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	26.7	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	9	20.0	42.6	50.8
Residents requiring restraints.	19	42.2	37.6	41.3
Confused or disoriented residents.	21	46.7	51.4	58.4
Residents with bed sores.	4	8.9	4.6	7.1
Residents receiving special skin care.	4	8.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SACRED HEART HOSPICE

Street Address: 200 12TH STREET SOUTHWEST	**City and State:** AUSTIN MN 55912

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 2	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	48	81.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	48	81.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	47	79.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	86.4	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	78.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	74.6	30.3	37.7
Completely bedfast residents.	4	6.8	1.0	3.4
Residents confined to chairs.	16	27.1	42.6	50.8
Residents requiring restraints.	33	55.9	37.6	41.3
Confused or disoriented residents.	37	62.7	51.4	58.4
Residents with bed sores.	4	6.8	4.6	7.1
Residents receiving special skin care.	39	66.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARKS LUTHERAN HOME

Street Address: 400 15TH AVE SW	**City and State:** AUSTIN MN 55912

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 169	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 165	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	146	88.5	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	145	87.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	126	76.4	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	165	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	122	73.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	3.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	27.9	30.3	37.7
Completely bedfast residents.	2	1.2	1.0	3.4
Residents confined to chairs.	19	11.5	42.6	50.8
Residents requiring restraints.	72	43.6	37.6	41.3
Confused or disoriented residents.	53	32.1	51.4	58.4
Residents with bed sores.	10	6.1	4.6	7.1
Residents receiving special skin care.	108	65.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENSVIEW NURSING HOME

Street Address: ROUTE 1, BOX 16	**City and State:** BAGLEY MN 56621

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	68.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	51	76.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	48	71.6	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	55.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	28.4	30.3	37.7
Completely bedfast residents.	1	1.5	1.0	3.4
Residents confined to chairs.	49	73.1	42.6	50.8
Residents requiring restraints.	4	6.0	37.6	41.3
Confused or disoriented residents.	52	77.6	51.4	58.4
Residents with bed sores.	5	7.5	4.6	7.1
Residents receiving special skin care.	7	10.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL MANOR OF BALATON

Street Address: HIGHWAY 14 EAST, BOX 375		**City and State:** BALATON MN 56115	
Participation: MEDICAID ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	60.0	68.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	64.0	56.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	50.7	46.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	100	72.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	34.7	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	17.3	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	18	24.0	26.9	39.1
Residents requiring restraints.	6	8.0	18.4	31.7
Confused or disoriented residents.	30	40.0	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	17	22.7	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARNESVILLE CARE CENTER

Street Address:	**City and State:**
600 FIFTH STREET SOUTHEAST	BARNESVILLE MN 56514

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	76	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
76	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	100	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	77.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	73.7	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	69.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	3.9	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	42.1	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	21	27.6	42.6	50.8
Residents requiring restraints.	43	56.6	37.6	41.3
Confused or disoriented residents.	47	61.8	51.4	58.4
Residents with bed sores.	4	5.3	4.6	7.1
Residents receiving special skin care.	3	3.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARRETT CARE CENTER INC

Street Address: HIGHWAY 55 AND 59 SOUTH	**City and State:** BARRETT MN 56311

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	100	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	49	81.7	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	35	58.3	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	48.3	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	21.7	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	16	26.7	26.9	39.1
Residents requiring restraints.	15	25.0	18.4	31.7
Confused or disoriented residents.	22	36.7	39.4	55.8
Residents with bed sores.	1	1.7	2.6	4.7
Residents receiving special skin care.	2	3.3	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BATTLE LAKE CARE CTR

Street Address: GLENHAVEN DR BOX 68	**City and State:** BATTLE LAKE MN 56515

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	93.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	42	64.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	34	52.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	56.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	35.4	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	8	12.3	42.6	50.8
Residents requiring restraints.	22	33.8	37.6	41.3
Confused or disoriented residents.	29	44.6	51.4	58.4
Residents with bed sores.	2	3.1	4.6	7.1
Residents receiving special skin care.	7	10.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OTTERTAIL COUNTY NURSING HOME

Street Address: ROUTE 2		**City and State:** BATTLE LAKE MN 56515	
Participation: MEDICAID ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	96.8	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	43	69.4	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	33	53.2	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	59.7	45.2	59.1
Residents on individually written bowel and bladder retraining program.	2	3.2	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	36	58.1	21.7	29.3
Completely bedfast residents.	1	1.6	0.5	3.6
Residents confined to chairs.	27	43.5	26.9	39.1
Residents requiring restraints.	23	37.1	18.4	31.7
Confused or disoriented residents.	19	30.6	39.4	55.8
Residents with bed sores.	1	1.6	2.6	4.7
Residents receiving special skin care.	36	58.1	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIONEER NURSING HOME

Street Address: 410 THIRD AVE SE	**City and State:** BAUDETTE MN 56623

Participation: MEDICAID ICF	**# of Beds:** 52	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	82.4	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	36	70.6	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	34	66.7	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	51.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	31.4	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	32	62.7	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	29	56.9	39.4	55.8
Residents with bed sores.	1	2.0	2.6	4.7
Residents receiving special skin care.	24	47.1	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELGRADE N H

Street Address: BOX 340	**City and State:** BELGRADE MN 56312

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	73.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	43	71.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	37	61.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	50.0	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	56.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	18.3	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	20	33.3	42.6	50.8
Residents requiring restraints.	2	3.3	37.6	41.3
Confused or disoriented residents.	22	36.7	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE LUTHERAN HOME

Street Address: 611 W MAIN ST		**City and State:** BELLE PLAINE MN 56011	
Participation: MEDICAID ICF	**# of Beds:** 128	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	86.0	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	90	74.4	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	78	64.5	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	77.7	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	57.9	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	49	40.5	21.7	29.3
Completely bedfast residents.	1	0.8	0.5	3.6
Residents confined to chairs.	43	35.5	26.9	39.1
Residents requiring restraints.	39	32.2	18.4	31.7
Confused or disoriented residents.	69	57.0	39.4	55.8
Residents with bed sores.	6	5.0	2.6	4.7
Residents receiving special skin care.	21	17.4	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW HOME

Street Address: 401 COUNTY STATE AID HIGHWAY 9	**City and State:** BELVIEW MN 56214

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 62	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	66.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	46	76.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	39	65.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	75.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	41.7	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	16	26.7	42.6	50.8
Residents requiring restraints.	26	43.3	37.6	41.3
Confused or disoriented residents.	36	60.0	51.4	58.4
Residents with bed sores.	1	1.7	4.6	7.1
Residents receiving special skin care.	15	25.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELTRAMI N H

Street Address: 1633 DELTON AVE	**City and State:** BEMIDJI MN 56601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 133	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 0	**Medicaid Residents:** 98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	90.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	103	78.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	87	66.4	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	61.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	20.6	30.3	37.7
Completely bedfast residents.	1	0.8	1.0	3.4
Residents confined to chairs.	66	50.4	42.6	50.8
Residents requiring restraints.	3	2.3	37.6	41.3
Confused or disoriented residents.	78	59.5	51.4	58.4
Residents with bed sores.	5	3.8	4.6	7.1
Residents receiving special skin care.	37	28.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH COUNTRY NRSNG AND REHAB CTR

Street Address: 109 EAST 8TH STREET	**City and State:** BEMIDJI MN 56601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 5	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	87.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	60	85.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	52	74.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	65.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.9	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	30.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	27	38.6	42.6	50.8
Residents requiring restraints.	4	5.7	37.6	41.3
Confused or disoriented residents.	31	44.3	51.4	58.4
Residents with bed sores.	9	12.9	4.6	7.1
Residents receiving special skin care.	18	25.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOW LANE HEALTHCARE CENTER

Street Address: WEST HIGHWAY 9	**City and State:** BENSON MN 56215

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 2	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	70.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	71	79.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	57	64.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	56.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	3.4	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	33.7	30.3	37.7
Completely bedfast residents.	1	1.1	1.0	3.4
Residents confined to chairs.	10	11.2	42.6	50.8
Residents requiring restraints.	54	60.7	37.6	41.3
Confused or disoriented residents.	9	10.1	51.4	58.4
Residents with bed sores.	2	2.2	4.6	7.1
Residents receiving special skin care.	5	5.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHERN ITASCA HOSPITAL C&NC

Street Address: 258 PINE TREE DR		**City and State:** BIG FORK MN 56628	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 40	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
36	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	91.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	32	88.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	30	83.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	77.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	19.4	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	29	80.6	42.6	50.8
Residents requiring restraints.	8	22.2	37.6	41.3
Confused or disoriented residents.	26	72.2	51.4	58.4
Residents with bed sores.	1	2.8	4.6	7.1
Residents receiving special skin care.	15	41.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BIRD ISLAND MANOR HEALTHCARE CENTER

Street Address: 421 S 11TH ST	**City and State:** BIRD ISLAND MN 55310

Participation: MEDICAID ICF	**# of Beds:** 24	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	52.2	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	3	13.0	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	4.3	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	0	0.0	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	12	52.2	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	0	0.0	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHERN PINES GOOD SAMARITAN CENTER

Street Address: BOX 190		**City and State:** BLACKDUCK MN 56630	
Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	97.1	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	55	78.6	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	47	67.1	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	65.7	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	35.7	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	40	57.1	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	41	58.6	39.4	55.8
Residents with bed sores.	4	5.7	2.6	4.7
Residents receiving special skin care.	5	7.1	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRAIRIE MANOR INC

Street Address: 220 THIRD STREET NORTHWEST	**City and State:** BLOOMING PRAIRIE MN 55917

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	72.5	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	67	83.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	59	73.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	56.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	26.2	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	61	76.2	42.6	50.8
Residents requiring restraints.	38	47.5	37.6	41.3
Confused or disoriented residents.	38	47.5	51.4	58.4
Residents with bed sores.	1	1.2	4.6	7.1
Residents receiving special skin care.	34	42.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLOOMINGTON MAPLE MANOR CARE CENTER

Street Address: 8916 LYNDALE AVE SOUTH	**City and State:** BLOOMINGTON MN 55420

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	95.2	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	58	92.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	52	82.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	84.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	3.2	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	88.9	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	47	74.6	42.6	50.8
Residents requiring restraints.	45	71.4	37.6	41.3
Confused or disoriented residents.	30	47.6	51.4	58.4
Residents with bed sores.	7	11.1	4.6	7.1
Residents receiving special skin care.	7	11.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLOOMINGTON NURSING HOME

Street Address: 9200 NICOLLET AVE S		**City and State:** BLOOMINGTON MN 55420	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	1	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	70.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	72	93.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	60	77.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	77.9	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	61.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	6	7.8	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	26.0	30.3	37.7
Completely bedfast residents.	1	1.3	1.0	3.4
Residents confined to chairs.	53	68.8	42.6	50.8
Residents requiring restraints.	44	57.1	37.6	41.3
Confused or disoriented residents.	48	62.3	51.4	58.4
Residents with bed sores.	3	3.9	4.6	7.1
Residents receiving special skin care.	12	15.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAGLE NH

Street Address: 401 W 95TH ST		**City and State:** BLOOMINGTON MN 55420	
Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
76	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	97.4	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	53	69.7	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	34	44.7	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	42.1	45.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	7.9	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	6	7.9	26.9	39.1
Residents requiring restraints.	21	27.6	18.4	31.7
Confused or disoriented residents.	20	26.3	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	1	1.3	19.9	24.0

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility vas deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDSHIP VILLAGE

Street Address: 8100 HIGHWOOD DR		**City and State:** BLOOMINGTON MN 55438	
Participation: MEDICARE SNF	**# of Beds:** 66	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	100	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	58	89.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	53	81.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	70.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	3.1	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	46.2	30.3	37.7
Completely bedfast residents.	2	3.1	1.0	3.4
Residents confined to chairs.	33	50.8	42.6	50.8
Residents requiring restraints.	36	55.4	37.6	41.3
Confused or disoriented residents.	43	66.2	51.4	58.4
Residents with bed sores.	1	1.5	4.6	7.1
Residents receiving special skin care.	9	13.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARTIN LUTHER MANOR

Street Address: 1401 EAST 100TH STREET	**City and State:** BLOOMINGTON MN 55420

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 218	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 215	**Medicare Residents:** 0	**Medicaid Residents:** 112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	162	75.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	159	74.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	138	64.2	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	215	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	137	63.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	1.4	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	24.2	30.3	37.7
Completely bedfast residents.	1	0.5	1.0	3.4
Residents confined to chairs.	86	40.0	42.6	50.8
Residents requiring restraints.	82	38.1	37.6	41.3
Confused or disoriented residents.	135	62.8	51.4	58.4
Residents with bed sores.	6	2.8	4.6	7.1
Residents receiving special skin care.	45	20.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MINNESOTA MASONIC HOME

Street Address: 11400 NORMANDALE BLVD		**City and State:** BLOOMINGTON MN 55437	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 406	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 263	**Medicare Residents:** 0	**Medicaid Residents:** 198

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	188	71.5	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	110	41.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	91	34.6	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	47.9	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	40.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	1.1	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	9.9	30.3	37.7
Completely bedfast residents.	1	0.4	1.0	3.4
Residents confined to chairs.	21	8.0	42.6	50.8
Residents requiring restraints.	38	14.4	37.6	41.3
Confused or disoriented residents.	71	27.0	51.4	58.4
Residents with bed sores.	6	2.3	4.6	7.1
Residents receiving special skin care.	77	29.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST LUKES LUTHERAN HOME

Street Address: 1217 S RAMSEY	**City and State:** BLUE EARTH MN 56013

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 177	**Medicare Residents:** 1	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	157	88.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	135	76.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	85	48.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	91.5	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	58.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	52	29.4	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	29.4	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	75	42.4	42.6	50.8
Residents requiring restraints.	75	42.4	37.6	41.3
Confused or disoriented residents.	85	48.0	51.4	58.4
Residents with bed sores.	7	4.0	4.6	7.1
Residents receiving special skin care.	81	45.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHANY GOOD SAMARITAN VILLAGE

Street Address: 804 WRIGHT STREET		**City and State:** BRAINERD MN 56401	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
157	2	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	156	99.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	138	87.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	127	80.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	86.6	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	128	81.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	88	56.1	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	129	82.2	42.6	50.8
Residents requiring restraints.	80	51.0	37.6	41.3
Confused or disoriented residents.	122	77.7	51.4	58.4
Residents with bed sores.	11	7.0	4.6	7.1
Residents receiving special skin care.	109	69.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KINGWOOD COURT GOOD SAMARITAN CTR

Street Address: 803 KINGWOOD ST		**City and State:** BRAINERD MN 56401	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 68	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	94.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	30	88.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	31	91.2	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	76.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	41.2	30.3	37.7
Completely bedfast residents.	1	2.9	1.0	3.4
Residents confined to chairs.	20	58.8	42.6	50.8
Residents requiring restraints.	12	35.3	37.6	41.3
Confused or disoriented residents.	17	50.0	51.4	58.4
Residents with bed sores.	1	2.9	4.6	7.1
Residents receiving special skin care.	18	52.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLAND ACRES HEALTH & RETIREMENT CTR

Street Address: 100 BUFFALO HILLS LANE	**City and State:** BRAINERD MN 56401

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 1	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	100	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	64	81.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	61	77.2	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	83.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	26.6	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	15	19.0	42.6	50.8
Residents requiring restraints.	34	43.0	37.6	41.3
Confused or disoriented residents.	45	57.0	51.4	58.4
Residents with bed sores.	5	6.3	4.6	7.1
Residents receiving special skin care.	32	40.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST FRANCIS HOME

Street Address: 501 OAK STREET		**City and State:** BRECKENRIDGE MN 56520	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
124	2	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	115	92.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	94	75.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	88	71.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	70.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	34.7	30.3	37.7
Completely bedfast residents.	4	3.2	1.0	3.4
Residents confined to chairs.	58	46.8	42.6	50.8
Residents requiring restraints.	50	40.3	37.6	41.3
Confused or disoriented residents.	66	53.2	51.4	58.4
Residents with bed sores.	4	3.2	4.6	7.1
Residents receiving special skin care.	29	23.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARANATHA BAPTIST CARE CENTER

Street Address: 5401 69TH AVENUE N		**City and State:** BROOKLYN CENTER MN 55429	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	4	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	98.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	76	76.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	73	73.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	73.0	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	73.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	5.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	30.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	72	72.0	42.6	50.8
Residents requiring restraints.	46	46.0	37.6	41.3
Confused or disoriented residents.	50	50.0	51.4	58.4
Residents with bed sores.	3	3.0	4.6	7.1
Residents receiving special skin care.	15	15.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROWNS VALLEY COMMUNITY NURSING HOME

Street Address: 340 SOUTH JEFFERSON STREET	**City and State:** BROWNS VALLEY MN 56219

Participation: MEDICAID ICF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	93.7	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	44	69.8	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	44	69.8	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	54.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	27.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	33	52.4	26.9	39.1
Residents requiring restraints.	32	50.8	18.4	31.7
Confused or disoriented residents.	32	50.8	39.4	55.8
Residents with bed sores.	4	6.3	2.6	4.7
Residents receiving special skin care.	11	17.5	19.9	24.0

SELECTED PERFORMANCE INDICATORS

acility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a an indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of ficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	0	0.0	65	1.2
he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUFFALO LAKE NURSING HOME

Street Address:		**City and State:**	
703 W YELLOWSTONE TRAIL		BUFFALO LAKE MN 55314	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	66	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	0	18

Caution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	84.7	68.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	66.1	56.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	48	81.4	46.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	81.4	72.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	67.8	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	30.5	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	22	37.3	26.9	39.1
Residents requiring restraints.	17	28.8	18.4	31.7
Confused or disoriented residents.	31	52.5	39.4	55.8
Residents with bed sores.	4	6.8	2.6	4.7
Residents receiving special skin care.	4	6.8	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EBENEZER COVENANT HOME

Street Address: 310 LAKE BLVD		**City and State:** BUFFALO MN 55313	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 65	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	90.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	60	92.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	56	86.2	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	73.8	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	72.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	30.8	30.3	37.7
Completely bedfast residents.	4	6.2	1.0	3.4
Residents confined to chairs.	21	32.3	42.6	50.8
Residents requiring restraints.	39	60.0	37.6	41.3
Confused or disoriented residents.	37	56.9	51.4	58.4
Residents with bed sores.	1	1.5	4.6	7.1
Residents receiving special skin care.	20	30.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RETIREMENT CENTER OF WRIGHT CO

Street Address: 200 PARK LN		**City and State:** BUFFALO MN 55313	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 154	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 148	**Medicare Residents:** 1	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	145	98.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	116	78.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	99	66.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	67.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	22.3	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	84	56.8	42.6	50.8
Residents requiring restraints.	85	57.4	37.6	41.3
Confused or disoriented residents.	77	52.0	51.4	58.4
Residents with bed sores.	10	6.8	4.6	7.1
Residents receiving special skin care.	42	28.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MESABI NURSING HOME

Street Address: 501 JONES AVENUE		**City and State:** BUHL MN 55713	
Participation: MEDICAID ICF	**# of Beds:** 31	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	100	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	26	86.7	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	90.0	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	86.7	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	86.7	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	40.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	13	43.3	26.9	39.1
Residents requiring restraints.	9	30.0	18.4	31.7
Confused or disoriented residents.	24	80.0	39.4	55.8
Residents with bed sores.	1	3.3	2.6	4.7
Residents receiving special skin care.	2	6.7	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EBENEZER RIDGES GERIATRIC CARE CENTER

Street Address: 13820 COMMUNITY DRIVE	**City and State:** BURNSVILLE MN 55337

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	95.2	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	96	92.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	96	92.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	86.5	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	93.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	38.5	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	60	57.7	42.6	50.8
Residents requiring restraints.	54	51.9	37.6	41.3
Confused or disoriented residents.	80	76.9	51.4	58.4
Residents with bed sores.	8	7.7	4.6	7.1
Residents receiving special skin care.	49	47.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALEDONIA HEALTH CARE CENTER

Street Address: 425 N BADGER ST	**City and State:** CALEDONIA MN 55921

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 74	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 1	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	79.5	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	79.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	80.8	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	76.7	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	80.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	7	9.6	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	61.6	30.3	37.7
Completely bedfast residents.	2	2.7	1.0	3.4
Residents confined to chairs.	44	60.3	42.6	50.8
Residents requiring restraints.	12	16.4	37.6	41.3
Confused or disoriented residents.	13	17.8	51.4	58.4
Residents with bed sores.	5	6.8	4.6	7.1
Residents receiving special skin care.	23	31.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMBRIDGE HEALTH CARE CENTER

Street Address: 548 W 1ST AVE		**City and State:** CAMBRIDGE MN 55008	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 157	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	**Medicare Residents:** 2	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	131	93.6	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	120	85.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	110	78.6	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	77.1	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	72.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	22.9	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	107	76.4	42.6	50.8
Residents requiring restraints.	26	18.6	37.6	41.3
Confused or disoriented residents.	86	61.4	51.4	58.4
Residents with bed sores.	3	2.1	4.6	7.1
Residents receiving special skin care.	49	35.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANDVIEW CHRISTIAN HOME

Street Address: 800 NORTHWEST SECOND AVENUE		**City and State:** CAMBRIDGE MN 55008	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 178	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
149	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	67.8	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	52.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	42.3	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	42.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	15.4	30.3	37.7
Completely bedfast residents.	2	1.3	1.0	3.4
Residents confined to chairs.	26	17.4	42.6	50.8
Residents requiring restraints.	41	27.5	37.6	41.3
Confused or disoriented residents.	69	46.3	51.4	58.4
Residents with bed sores.	3	2.0	4.6	7.1
Residents receiving special skin care.	30	20.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANBY COMMUNITY HEALTH SERVICES

Street Address: 112 ST OLAF AVENUE SOUTH	**City and State:** CANBY MN 56220

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	75	NON-PROFIT PRIVATE	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	96.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	54	72.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	41	54.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	98.7	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	52.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	14.7	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	23	30.7	42.6	50.8
Residents requiring restraints.	25	33.3	37.6	41.3
Confused or disoriented residents.	27	36.0	51.4	58.4
Residents with bed sores.	5	6.7	4.6	7.1
Residents receiving special skin care.	26	34.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANNON FALLS MANOR NURSING HOME

Street Address: 300 NORTH DOW STREET	**City and State:** CANNON FALLS MN 55009

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	**Medicare Residents:** 1	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	98.1	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	60.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	72.1	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	51.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	24.0	30.3	37.7
Completely bedfast residents.	1	1.0	1.0	3.4
Residents confined to chairs.	70	67.3	42.6	50.8
Residents requiring restraints.	44	42.3	37.6	41.3
Confused or disoriented residents.	63	60.6	51.4	58.4
Residents with bed sores.	8	7.7	4.6	7.1
Residents receiving special skin care.	22	21.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARLTON NURSING HOME

Street Address: 810 3RD ST	**City and State:** CARLTON MN 55718

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	96	NON-PROFIT RELIGIOUS	03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	0	63

aution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
athing				
Residents requiring some or total assistance in bathing.	80	87.0	82.4	81.5
ressing				
Residents requiring some or total assistance in dressing.	79	85.9	77.5	83.2
oileting				
Residents requiring some or total assistance in toileting.	62	67.4	66.6	73.8
ransferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	67.4	89.7	77.2
ontinence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	67.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	17.4	30.3	37.7
Completely bedfast residents.	1	1.1	1.0	3.4
Residents confined to chairs.	63	68.5	42.6	50.8
Residents requiring restraints.	40	43.5	37.6	41.3
Confused or disoriented residents.	65	70.7	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	3	3.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAZELDEN FOUNDATION

Street Address: BOX 11	**City and State:** CENTER CITY MN 55012

Participation: MEDICAID SNF	**# of Beds:** 22	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	0	0.0	42.6	50.8
Residents requiring restraints.	0	0.0	37.6	41.3
Confused or disoriented residents.	0	0.0	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHOSEN VALLEY CARE CTR

Street Address: 1102 LIBERTY ST SE	**City and State:** CHATFIELD MN 55923

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 86	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 1	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	76.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	74	86.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	47	54.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	81.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	29.1	30.3	37.7
Completely bedfast residents.	1	1.2	1.0	3.4
Residents confined to chairs.	39	45.3	42.6	50.8
Residents requiring restraints.	32	37.2	37.6	41.3
Confused or disoriented residents.	48	55.8	51.4	58.4
Residents with bed sores.	1	1.2	4.6	7.1
Residents receiving special skin care.	38	44.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHISAGO LAKES HOSPITAL C NC UNIT

Street Address: 11685 LAKE BOULEVARD NORTH	**City and State:** CHISAGO CITY MN 55013

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	38	95.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	35	87.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	33	82.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	75.0	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	75.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	37.5	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	29	72.5	42.6	50.8
Residents requiring restraints.	19	47.5	37.6	41.3
Confused or disoriented residents.	24	60.0	51.4	58.4
Residents with bed sores.	1	2.5	4.6	7.1
Residents receiving special skin care.	18	45.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARGARET S PARMLY RESIDENCE

Street Address: 28210 OLD TOWN ROAD		**City and State:** CHISAGO CITY MN 55013	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	91.0	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	72.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	74.0	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	78.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	30.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	37	37.0	42.6	50.8
Residents requiring restraints.	40	40.0	37.6	41.3
Confused or disoriented residents.	71	71.0	51.4	58.4
Residents with bed sores.	4	4.0	4.6	7.1
Residents receiving special skin care.	23	23.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUCHANAN NURSING HOME

Street Address: 30 1ST N W		**City and State:** CHISHOLM MN 55719	
Participation: MEDICAID ICF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
36	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	55.6	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	24	66.7	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	21	58.3	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	58.3	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	66.7	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	27.8	21.7	29.3
Completely bedfast residents.	1	2.8	0.5	3.6
Residents confined to chairs.	15	41.7	26.9	39.1
Residents requiring restraints.	1	2.8	18.4	31.7
Confused or disoriented residents.	15	41.7	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	4	11.1	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR HLTH CARE CTR

Street Address: 321 NORTHEAST SIXTH ST		**City and State:** CHISHOLM MN 55719	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	1	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	66.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	49	65.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	49	65.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	68.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	5.3	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	29.3	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	24	32.0	42.6	50.8
Residents requiring restraints.	29	38.7	37.6	41.3
Confused or disoriented residents.	43	57.3	51.4	58.4
Residents with bed sores.	5	6.7	4.6	7.1
Residents receiving special skin care.	16	21.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLARA CITY COMMUNITY NURSING HOME

Street Address: 1012 DIVISION STREET NORTH	**City and State:** CLARA CITY MN 56222

Participation: MEDICAID ICF	**# of Beds:** 95	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	97.8	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	88	94.6	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	56	60.2	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	51.6	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	30	32.3	21.7	29.3
Completely bedfast residents.	1	1.1	0.5	3.6
Residents confined to chairs.	20	21.5	26.9	39.1
Residents requiring restraints.	24	25.8	18.4	31.7
Confused or disoriented residents.	37	39.8	39.4	55.8
Residents with bed sores.	1	1.1	2.6	4.7
Residents receiving special skin care.	6	6.5	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL TODD COUNTY CARE CTR

Street Address: SOUTH HIGHWAY 71	**City and State:** CLARISSA MN 56440

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	79.2	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	61	79.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	53	68.8	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	66.2	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	66.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	27.3	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	20	26.0	42.6	50.8
Residents requiring restraints.	29	37.7	37.6	41.3
Confused or disoriented residents.	40	51.9	51.4	58.4
Residents with bed sores.	6	7.8	4.6	7.1
Residents receiving special skin care.	22	28.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLARKFIELD CARE CENTER

Street Address: 805 5TH ST		**City and State:** CLARKFIELD MN 56223	
Participation: MEDICAID ICF	**# of Beds:** 86	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	81.2	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	66	77.6	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	65	76.5	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	81.2	45.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.2	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	59	69.4	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	24	28.2	26.9	39.1
Residents requiring restraints.	37	43.5	18.4	31.7
Confused or disoriented residents.	63	74.1	39.4	55.8
Residents with bed sores.	1	1.2	2.6	4.7
Residents receiving special skin care.	10	11.8	19.9	24.0

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of leficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility vas deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HIGH POINT LODGE

Street Address: ROUTE 1		**City and State:** CLEAR LAKE MN 55319	
Participation: MEDICAID ICF	**# of Beds:** 26	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	96.0	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	12	48.0	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	14	56.0	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	56.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	14	56.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	32.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	1	4.0	26.9	39.1
Residents requiring restraints.	4	16.0	18.4	31.7
Confused or disoriented residents.	18	72.0	39.4	55.8
Residents with bed sores.	2	8.0	2.6	4.7
Residents receiving special skin care.	16	64.0	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

eminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
ach resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning nd tube feeding.	MET	2	2.1	255	4.7
ach resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary.	MET	8	8.3	601	11.0
rugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
enus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on he recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN CENTER

Street Address: BOX 47	**City and State:** CLEARBROOK MN 56634

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 93	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	81.2	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	67	78.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	46	54.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	90.6	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	56.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	28.2	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	45	52.9	42.6	50.8
Residents requiring restraints.	31	36.5	37.6	41.3
Confused or disoriented residents.	40	47.1	51.4	58.4
Residents with bed sores.	8	9.4	4.6	7.1
Residents receiving special skin care.	40	47.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

acility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	0	0.0	201	2.1
he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months.	MET	0	0.0	518	5.5
ach resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLINTON GOOD SAMARITAN CENTER

Street Address: P O BOX 379	**City and State:** CLINTON MN 56225

Participation: MEDICAID ICF	**# of Beds:** 54	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	36	67.9	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	31	58.5	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	58.5	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	52.8	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	26.4	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	14	26.4	26.9	39.1
Residents requiring restraints.	14	26.4	18.4	31.7
Confused or disoriented residents.	13	24.5	39.4	55.8
Residents with bed sores.	2	3.8	2.6	4.7
Residents receiving special skin care.	7	13.2	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY MEMORIAL HOSPITAL C NC

Street Address: SKYLINE BOULEVARD	**City and State:** CLOQUET MN 55720

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 88	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 1	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	84.1	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	85.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	75.0	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	72.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	23.9	30.3	37.7
Completely bedfast residents.	2	2.3	1.0	3.4
Residents confined to chairs.	26	29.5	42.6	50.8
Residents requiring restraints.	22	25.0	37.6	41.3
Confused or disoriented residents.	38	43.2	51.4	58.4
Residents with bed sores.	2	2.3	4.6	7.1
Residents receiving special skin care.	29	33.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COKATO MANOR INC

Street Address: WEST HIGHWAY 12		**City and State:** COKATO MN 55321	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	84.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	49	77.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	42	66.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	82.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	27.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	15	23.8	42.6	50.8
Residents requiring restraints.	34	54.0	37.6	41.3
Confused or disoriented residents.	41	65.1	51.4	58.4
Residents with bed sores.	2	3.2	4.6	7.1
Residents receiving special skin care.	13	20.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASSUMPTION HOME

Street Address: 715 N 1ST ST		**City and State:** COLD SPRING MN 56320	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
91	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	75.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	71	78.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	62	68.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	74.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	15.4	30.3	37.7
Completely bedfast residents.	1	1.1	1.0	3.4
Residents confined to chairs.	20	22.0	42.6	50.8
Residents requiring restraints.	35	38.5	37.6	41.3
Confused or disoriented residents.	47	51.6	51.4	58.4
Residents with bed sores.	1	1.1	4.6	7.1
Residents receiving special skin care.	39	42.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CREST VIEW LUTHERAN HOME

Street Address: 4444 RESERVOIR BLVD	**City and State:** COLUMBIA HEIGHTS MN 55421

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 1	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	86.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	106	89.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	95	80.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	82.2	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	76.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	40.7	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	79	66.9	42.6	50.8
Residents requiring restraints.	76	64.4	37.6	41.3
Confused or disoriented residents.	68	57.6	51.4	58.4
Residents with bed sores.	1	0.8	4.6	7.1
Residents receiving special skin care.	23	19.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COOK COMMUNITY HOSP CNC

Street Address: 3RD AND CEDAR AVE	**City and State:** COOK MN 55723

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 41	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 1	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	77.5	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	34	85.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	28	70.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	67.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	45.0	30.3	37.7
Completely bedfast residents.	1	2.5	1.0	3.4
Residents confined to chairs.	30	75.0	42.6	50.8
Residents requiring restraints.	0	0.0	37.6	41.3
Confused or disoriented residents.	25	62.5	51.4	58.4
Residents with bed sores.	2	5.0	4.6	7.1
Residents receiving special skin care.	9	22.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	0	0.0	201	2.1
he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months.	MET	0	0.0	518	5.5
ach resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
ach resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMILIA ROSE CONV CTR

Street Address: 11800 XEON ST NW	**City and State:** COON RAPIDS MN 55433

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	93.5	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	84.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	63.4	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	63.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	8	8.6	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	17.2	30.3	37.7
Completely bedfast residents.	1	1.1	1.0	3.4
Residents confined to chairs.	62	66.7	42.6	50.8
Residents requiring restraints.	38	40.9	37.6	41.3
Confused or disoriented residents.	60	64.5	51.4	58.4
Residents with bed sores.	4	4.3	4.6	7.1
Residents receiving special skin care.	23	24.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period cf time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK RIVER ESTATES CARE CENTER

Street Address: 9899 AVOCET STREET	**City and State:** COON RAPIDS MN 55433

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	89.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	80	77.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	68	66.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	74.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	32.0	30.3	37.7
Completely bedfast residents.	1	1.0	1.0	3.4
Residents confined to chairs.	68	66.0	42.6	50.8
Residents requiring restraints.	54	52.4	37.6	41.3
Confused or disoriented residents.	51	49.5	51.4	58.4
Residents with bed sores.	1	1.0	4.6	7.1
Residents receiving special skin care.	42	40.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COSMOS HEALTHCARE CENTER

Street Address: NEPTUNE AND PEGASUS		**City and State:** COSMOS MN 56228	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	84.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	40	80.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	38	76.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	60.0	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	72.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	26.0	30.3	37.7
Completely bedfast residents.	1	2.0	1.0	3.4
Residents confined to chairs.	13	26.0	42.6	50.8
Residents requiring restraints.	17	34.0	37.6	41.3
Confused or disoriented residents.	26	52.0	51.4	58.4
Residents with bed sores.	3	6.0	4.6	7.1
Residents receiving special skin care.	6	12.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence o deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA VISTA INC

Street Address: P O BOX 98, NORTH HIGHWAY 73	**City and State:** CROMWELL MN 55726

Participation: MEDICAID ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	95.5	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	33	75.0	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	52.3	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	50.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	2.3	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	4	9.1	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	11	25.0	39.4	55.8
Residents with bed sores.	1	2.3	2.6	4.7
Residents receiving special skin care.	4	9.1	19.9	24.0

SELECTED PERFORMANCE INDICATORS

acility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a an indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of ficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
ne facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	0	0.0	65	1.2
ne facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing cility every three months.	MET	0	0.0	198	3.6
ach resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
rugs to control behavior and physical restraints are only used when authorized by a ysician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
ach resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
ach resident is allowed to communicate, associate and meet privately with dividuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
ach resident is allowed to retain and use his/her personal possessions and clothing s space permits.	MET	0	0.0	89	1.6
xcept in a medical emergency, a resident is not transferred or discharged, nor is eatment changed radically, without consultation with the resident or, if the resident incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
ne facility ensures that the health care of each resident is under the continuing pervision of a physician.	MET	0	0.0	25	0.5
mergency services from a physician are available and provided to each resident ho requires emergency care.	MET	0	0.0	0	0.0
ursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
ach resident receives daily personal hygiene as needed to assure cleanliness, good in care, good grooming, and oral hygiene taking into account individual eferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
ach resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
ach resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing.	MET	0	0.0	382	7.0
ach resident who has problems with bowel and bladder control is provided with are necessary to encourage self control, including frequent toileting and pportunities for rehabilitative training.	MET	6	6.3	807	14.8
ach resident with a urinary catheter receives proper routine care, including periodic valuation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERVIEW NURSING HOME

treet Address: 323 SOUTH MINNESOTA		**City and State:** CROOKSTON MN 56716	
articipation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

otal Residents on Day of Survey: 88	**Medicare Residents:** 1	**Medicaid Residents:** 53

ution: A large number of residents with these characteristics does not indicate whether those idents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide nly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
thing				
Residents requiring some or total assistance in bathing.	77	87.5	82.4	81.5
essing				
Residents requiring some or total assistance in dressing.	71	80.7	77.5	83.2
ileting				
Residents requiring some or total assistance in toileting.	56	63.6	66.6	73.8
ansferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	100	89.7	77.2
ntinence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	71.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
ting				
Residents receiving tube feedings or requiring assistance with eating.	27	30.7	30.3	37.7
mpletely bedfast residents.	1	1.1	1.0	3.4
sidents confined to chairs.	53	60.2	42.6	50.8
sidents requiring restraints.	38	43.2	37.6	41.3
nfused or disoriented residents.	62	70.5	51.4	58.4
sidents with bed sores.	0	0.0	4.6	7.1
sidents receiving special skin care.	38	43.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

eminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
ach resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning nd tube feeding.	MET	19	5.2	1123	11.9
ach resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
rugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
enus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on e recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
herapy is provided according to orders of the attending physician in accordance ith accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
ervices are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
n ongoing program of meaningful activities is provided, based on identified needs nd interests of each resident. It is designed to promote opportunities for engaging normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
ppropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician.	MET	16	4.4	1270	13.4
oilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
ll common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
ll essential mechanical and electrical equipment is maintained in safe operating ondition.	MET	31	8.5	1413	14.9
esident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
solation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
he facility has available at all times a quantity of linen essential for proper care and omfort of residents.	MET	6	1.6	700	7.4
ood is stored, refrigerated, prepared, distributed, and served under sanitary onditions.	MET	183	50.1	4050	42.8

eminder: The results of the full survey are available
om the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA ST. VINCENT

Street Address: 516 WALSH STREET	**City and State:** CROOKSTON MN 56716

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	175	NON-PROFIT RELIGIOUS	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
143	2	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	71.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	67	46.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	63	44.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	41.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	21.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	23	16.1	42.6	50.8
Residents requiring restraints.	0	0.0	37.6	41.3
Confused or disoriented residents.	40	28.0	51.4	58.4
Residents with bed sores.	1	0.7	4.6	7.1
Residents receiving special skin care.	35	24.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CUYUNA RANGE DISTRICT NURSING HOME

Street Address:	**City and State:** CROSBY MN 56441

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 128	**Medicare Residents:** 2	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	78.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	102	79.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	82	64.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	54.7	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	53.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	23.4	30.3	37.7
Completely bedfast residents.	3	2.3	1.0	3.4
Residents confined to chairs.	41	32.0	42.6	50.8
Residents requiring restraints.	32	25.0	37.6	41.3
Confused or disoriented residents.	70	54.7	51.4	58.4
Residents with bed sores.	5	3.9	4.6	7.1
Residents receiving special skin care.	28	21.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRYSTAL CARE CENTER

Street Address: 3245 VERA CRUZ AVENUE NORTH		**City and State:** CRYSTAL MN 55422	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 192	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
188	3	126

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	172	91.5	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	156	83.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	133	70.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	93.6	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	61.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	21.3	30.3	37.7
Completely bedfast residents.	2	1.1	1.0	3.4
Residents confined to chairs.	105	55.9	42.6	50.8
Residents requiring restraints.	111	59.0	37.6	41.3
Confused or disoriented residents.	87	46.3	51.4	58.4
Residents with bed sores.	23	12.2	4.6	7.1
Residents receiving special skin care.	89	47.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DASSEL LAKESIDE COMM HOME

Street Address: 441 WILLIAM AVE EAST		**City and State:** DASSEL MN 55325	
Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	75.0	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	54	84.4	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	46	71.9	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	71.9	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	64.1	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	43.8	21.7	29.3
Completely bedfast residents.	1	1.6	0.5	3.6
Residents confined to chairs.	41	64.1	26.9	39.1
Residents requiring restraints.	6	9.4	18.4	31.7
Confused or disoriented residents.	36	56.3	39.4	55.8
Residents with bed sores.	6	9.4	2.6	4.7
Residents receiving special skin care.	21	32.8	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHNSON MEMORIAL HOME

Street Address: WALNUT ST & MEMORIAL PL	**City and State:** DAWSON MN 56232

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	97.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	50	71.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	44	62.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	54.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.9	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	32.9	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	25	35.7	42.6	50.8
Residents requiring restraints.	37	52.9	37.6	41.3
Confused or disoriented residents.	33	47.1	51.4	58.4
Residents with bed sores.	4	5.7	4.6	7.1
Residents receiving special skin care.	37	52.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMESTEAD NURSING HOME

Street Address: 1002 COMSTOCK DRIVE	**City and State:** DEER RIVER MN 56636

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	67.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	44	89.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	37	75.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	69.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	28.6	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	35	71.4	42.6	50.8
Residents requiring restraints.	27	55.1	37.6	41.3
Confused or disoriented residents.	29	59.2	51.4	58.4
Residents with bed sores.	4	8.2	4.6	7.1
Residents receiving special skin care.	21	42.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

eminder: These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
ach resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning nd tube feeding.	MET	19	5.2	1123	11.9
ach resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
rugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
enus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on he recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELANO HEALTHCARE CENTER

Street Address: 433 COUNTY ROAD 30		**City and State:** DELANO MN 55328	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 1	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	83.9	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	51	82.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	35	56.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	58.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	29.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	17	27.4	42.6	50.8
Residents requiring restraints.	22	35.5	37.6	41.3
Confused or disoriented residents.	30	48.4	51.4	58.4
Residents with bed sores.	4	6.5	4.6	7.1
Residents receiving special skin care.	35	56.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMMANUEL NURSING HOME

Street Address: 1415 MADISON AVE	**City and State:** DETROIT LAKES MN 56501

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 141	**Medicare Residents:** 0	**Medicaid Residents:** 93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	137	97.2	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	114	80.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	100	70.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	60.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	2.1	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	34.8	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	96	68.1	42.6	50.8
Residents requiring restraints.	0	0.0	37.6	41.3
Confused or disoriented residents.	89	63.1	51.4	58.4
Residents with bed sores.	2	1.4	4.6	7.1
Residents receiving special skin care.	55	39.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARYS NH

Street Address: 1014 LINCOLN AVE	**City and State:** DETROIT LAKES MN 56501

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 3	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	85.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	85	85.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	76	76.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	71.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	20.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	66	66.0	42.6	50.8
Residents requiring restraints.	1	1.0	37.6	41.3
Confused or disoriented residents.	43	43.0	51.4	58.4
Residents with bed sores.	7	7.0	4.6	7.1
Residents receiving special skin care.	21	21.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRVIEW NURSING HOME

Street Address: RT 1 BOX 334		**City and State:** DODGE CENTER MN 55927	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 72	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 46

aution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
athing Residents requiring some or total assistance in bathing.	61	84.7	82.4	81.5
ressing Residents requiring some or total assistance in dressing.	61	84.7	77.5	83.2
oileting Residents requiring some or total assistance in toileting.	52	72.2	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	100	89.7	77.2
ontinence Residents with catheters or partial or total loss of bowel or bladder control.	50	69.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	16	22.2	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	50.0	30.3	37.7
Completely bedfast residents.	1	1.4	1.0	3.4
Residents confined to chairs.	40	55.6	42.6	50.8
Residents requiring restraints.	10	13.9	37.6	41.3
Confused or disoriented residents.	40	55.6	51.4	58.4
Residents with bed sores.	3	4.2	4.6	7.1
Residents receiving special skin care.	23	31.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AFTENRO HOME

Street Address: 1425 N 19TH AVE E	**City and State:** DULUTH MN 55811

Participation: MEDICAID ICF	**# of Beds:** 65	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	31.6	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	11	19.3	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	6	10.5	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	10.5	45.2	59.1
Residents on individually written bowel and bladder retraining program.	6	10.5	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	3	5.3	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	10	17.5	39.4	55.8
Residents with bed sores.	2	3.5	2.6	4.7
Residents receiving special skin care.	2	3.5	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BENEDICTINE CENTER

Street Address: 935 KENWOOD AVENUE		**City and State:** DULUTH MN 55811	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
120	2	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	89.2	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	109	90.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	65	54.2	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	93.3	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	73.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	20.8	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	76	63.3	42.6	50.8
Residents requiring restraints.	68	56.7	37.6	41.3
Confused or disoriented residents.	25	20.8	51.4	58.4
Residents with bed sores.	2	1.7	4.6	7.1
Residents receiving special skin care.	10	8.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHRIS JENSEN NURSING HOME

Street Address: 2501 RICE LAKE RD		**City and State:** DULUTH MN 55811	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 247	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
241	7	191

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	212	88.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	212	88.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	173	71.8	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	65.6	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	163	67.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	22.8	30.3	37.7
Completely bedfast residents.	5	2.1	1.0	3.4
Residents confined to chairs.	208	86.3	42.6	50.8
Residents requiring restraints.	138	57.3	37.6	41.3
Confused or disoriented residents.	115	47.7	51.4	58.4
Residents with bed sores.	15	6.2	4.6	7.1
Residents receiving special skin care.	69	28.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKE HAVEN MANOR

Street Address: 7700 GRAND AVENUE	**City and State:** DULUTH MN 55807

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 132	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 129	**Medicare Residents:** 0	**Medicaid Residents:** 97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	127	98.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	103	79.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	86	66.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	67.4	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	65.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	82	63.6	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	86	66.7	42.6	50.8
Residents requiring restraints.	75	58.1	37.6	41.3
Confused or disoriented residents.	68	52.7	51.4	58.4
Residents with bed sores.	12	9.3	4.6	7.1
Residents receiving special skin care.	56	43.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKESHORE LUTHERAN HOME

Street Address: 4002 LONDON ROAD		**City and State:** DULUTH MN 55804	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 230	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 227	**Medicare Residents:** 2	**Medicaid Residents:** 127

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	192	84.6	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	181	79.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	165	72.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	171	75.3	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	141	62.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	1.8	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	26.9	30.3	37.7
Completely bedfast residents.	2	0.9	1.0	3.4
Residents confined to chairs.	132	58.1	42.6	50.8
Residents requiring restraints.	85	37.4	37.6	41.3
Confused or disoriented residents.	105	46.3	51.4	58.4
Residents with bed sores.	6	2.6	4.6	7.1
Residents receiving special skin care.	32	14.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK POINT MANOR

Street Address: 1601 ST LOUIS AVE		**City and State:** DULUTH MN 55802	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
217	0	174

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	59.9	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	172	79.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	160	73.7	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	65.4	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	146	67.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	16	7.4	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	27.6	30.3	37.7
Completely bedfast residents.	1	0.5	1.0	3.4
Residents confined to chairs.	145	66.8	42.6	50.8
Residents requiring restraints.	116	53.5	37.6	41.3
Confused or disoriented residents.	133	61.3	51.4	58.4
Residents with bed sores.	19	8.8	4.6	7.1
Residents receiving special skin care.	106	48.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SURF AND SAND NURSING HOME

Street Address: 3910 MINNESOTA AVENUE	**City and State:** DULUTH MN 55802

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	88.9	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	47	87.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	43	79.6	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	77.8	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	70.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	19	35.2	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	33.3	30.3	37.7
Completely bedfast residents.	1	1.9	1.0	3.4
Residents confined to chairs.	43	79.6	42.6	50.8
Residents requiring restraints.	29	53.7	37.6	41.3
Confused or disoriented residents.	26	48.1	51.4	58.4
Residents with bed sores.	4	7.4	4.6	7.1
Residents receiving special skin care.	17	31.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VIEWCREST NH

Street Address: 3111 CHURCH ST	**City and State:** DULUTH MN 55811

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 138	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 134	**Medicare Residents:** 0	**Medicaid Residents:** 105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	95.5	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	130	97.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	108	80.6	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	76.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	30.6	30.3	37.7
Completely bedfast residents.	3	2.2	1.0	3.4
Residents confined to chairs.	50	37.3	42.6	50.8
Residents requiring restraints.	72	53.7	37.6	41.3
Confused or disoriented residents.	85	63.4	51.4	58.4
Residents with bed sores.	4	3.0	4.6	7.1
Residents receiving special skin care.	34	25.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence o deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facilit was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN CENTER

Street Address: 1414 20TH STREET NORTHWEST		**City and State:** EAST GRAND FORKS MN 56721	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 129	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 127	**Medicare Residents:** 1	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	115	90.6	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	106	83.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	85	66.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	66.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	44.9	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	37	29.1	42.6	50.8
Residents requiring restraints.	9	7.1	37.6	41.3
Confused or disoriented residents.	59	46.5	51.4	58.4
Residents with bed sores.	5	3.9	4.6	7.1
Residents receiving special skin care.	46	36.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

'Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASTLE RIDGE CARE CENTER

Street Address: 625 PRAIRIE CENTER DRIVE

City and State: EDEN PRAIRIE MN 55344

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 60

Type of Ownership: NON-PROFIT RELIGIOUS

Survey Date: 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59

Medicare Residents: 0

Medicaid Residents: 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	91.5	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	86.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	72.9	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	69.5	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	66.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	28.8	30.3	37.7
Completely bedfast residents.	1	1.7	1.0	3.4
Residents confined to chairs.	21	35.6	42.6	50.8
Residents requiring restraints.	35	59.3	37.6	41.3
Confused or disoriented residents.	13	22.0	51.4	58.4
Residents with bed sores.	4	6.8	4.6	7.1
Residents receiving special skin care.	15	25.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDGEBROOK REST CENTER

Street Address: 505 TROSKY ROAD WEST		**City and State:** EDGERTON MN 56128	
Participation: MEDICAID ICF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	80.3	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	30	49.2	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	22	36.1	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	75.4	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	34.4	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	18.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	12	19.7	26.9	39.1
Residents requiring restraints.	17	27.9	18.4	31.7
Confused or disoriented residents.	19	31.1	39.4	55.8
Residents with bed sores.	1	1.6	2.6	4.7
Residents receiving special skin care.	17	27.9	19.9	24.0

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDINA CARE CENTER

Street Address: 6200 XERXES AVENUE SOUTH	**City and State:** EDINA MN 55423

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 161	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	70.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	110	68.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	98	61.2	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	63.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	16	10.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	25.6	30.3	37.7
Completely bedfast residents.	2	1.2	1.0	3.4
Residents confined to chairs.	121	75.6	42.6	50.8
Residents requiring restraints.	77	48.1	37.6	41.3
Confused or disoriented residents.	101	63.1	51.4	58.4
Residents with bed sores.	7	4.4	4.6	7.1
Residents receiving special skin care.	69	43.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. 'State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELK RIVER NURSING HOME

Street Address: 400 EVANS AVE		**City and State:** ELK RIVER MN 55330	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 1	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	90.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	87	72.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	74	61.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	59.2	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	57.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	29	24.2	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	35.0	30.3	37.7
Completely bedfast residents.	2	1.7	1.0	3.4
Residents confined to chairs.	75	62.5	42.6	50.8
Residents requiring restraints.	59	49.2	37.6	41.3
Confused or disoriented residents.	61	50.8	51.4	58.4
Residents with bed sores.	3	2.5	4.6	7.1
Residents receiving special skin care.	39	32.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW MANOR NH

Street Address: P O BOX 152 RURAL ROUTE	**City and State:** ELLSWORTH MN 56129

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	83.3	68.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	37	61.7	56.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	53.3	46.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	98.3	72.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	61.7	45.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	3.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	31.7	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	28	46.7	26.9	39.1
Residents requiring restraints.	20	33.3	18.4	31.7
Confused or disoriented residents.	35	58.3	39.4	55.8
Residents with bed sores.	3	5.0	2.6	4.7
Residents receiving special skin care.	8	13.3	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELY-BLOOMENSON COMM HOSP-ECF

Street Address: 328 W CONAN ST	**City and State:** ELY MN 55731

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	97.9	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	82	85.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	61	63.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	75.0	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	75.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	7	7.3	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	18.8	30.3	37.7
Completely bedfast residents.	1	1.0	1.0	3.4
Residents confined to chairs.	35	36.5	42.6	50.8
Residents requiring restraints.	46	47.9	37.6	41.3
Confused or disoriented residents.	63	65.6	51.4	58.4
Residents with bed sores.	9	9.4	4.6	7.1
Residents receiving special skin care.	65	67.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIONEER MEMORIAL HOME

Street Address: BOX 189 HIGHWAY 59 AND TWO		**City and State:** ERSKINE MN 56535	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	78.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	59	78.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	49	65.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	60.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	61.3	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	15	20.0	42.6	50.8
Residents requiring restraints.	5	6.7	37.6	41.3
Confused or disoriented residents.	42	56.0	51.4	58.4
Residents with bed sores.	4	5.3	4.6	7.1
Residents receiving special skin care.	13	17.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW MANOR

Street Address: 649 STATE ST	**City and State:** EVANSVILLE MN 56326

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	46.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	43	71.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	38	63.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	56.7	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	53.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	5.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	18.3	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	7	11.7	42.6	50.8
Residents requiring restraints.	18	30.0	37.6	41.3
Confused or disoriented residents.	18	30.0	51.4	58.4
Residents with bed sores.	4	6.7	4.6	7.1
Residents receiving special skin care.	30	50.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARROWHEAD HEALTH CARE CENTER

Street Address: 601 GRANT AVENUE		**City and State:** EVELETH MN 55734	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	98.3	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	111	94.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	72.6	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	68.4	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	68.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	56	47.9	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	59.8	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	39	33.3	42.6	50.8
Residents requiring restraints.	53	45.3	37.6	41.3
Confused or disoriented residents.	62	53.0	51.4	58.4
Residents with bed sores.	7	6.0	4.6	7.1
Residents receiving special skin care.	92	78.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVELETH FITZGERALD COMM HOSP-ECF

Street Address: 227 MCKINLEY AVE		**City and State:** EVELETH MN 55734	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 24	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
24	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	95.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	23	95.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	21	87.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	70.8	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	95.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	12.5	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	41.7	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	11	45.8	42.6	50.8
Residents requiring restraints.	0	0.0	37.6	41.3
Confused or disoriented residents.	12	50.0	51.4	58.4
Residents with bed sores.	2	8.3	4.6	7.1
Residents receiving special skin care.	17	70.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EXCELSIOR NURSING HOME

Street Address: 515 DIVISION ST	**City and State:** EXCELSIOR MN 55331

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	80.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	40	80.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	36	72.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	60.0	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	76.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	34.0	30.3	37.7
Completely bedfast residents.	4	8.0	1.0	3.4
Residents confined to chairs.	15	30.0	42.6	50.8
Residents requiring restraints.	22	44.0	37.6	41.3
Confused or disoriented residents.	27	54.0	51.4	58.4
Residents with bed sores.	3	6.0	4.6	7.1
Residents receiving special skin care.	9	18.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MINNETONKA HEALTHCARE CENTER, INC.

Street Address: 20395 SUMMERVILLE ROAD		**City and State:** EXCELSIOR MN 55331	
Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	66.7	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	8	38.1	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	19.0	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	23.8	45.2	59.1
Residents on individually written bowel and bladder retraining program.	3	14.3	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	0	0.0	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	5	23.8	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	2	9.5	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is reatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRFAX COMMUNITY HOME, INC.

Street Address: TENTH AVENUE SOUTHEAST	**City and State:** FAIRFAX MN 55332

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 34

aution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
athing				
Residents requiring some or total assistance in bathing.	64	100	82.4	81.5
ressing				
Residents requiring some or total assistance in dressing.	54	84.4	77.5	83.2
oileting				
Residents requiring some or total assistance in toileting.	47	73.4	66.6	73.8
ransferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	89.1	89.7	77.2
ontinence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	62.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
ating				
Residents receiving tube feedings or requiring assistance with eating.	15	23.4	30.3	37.7
ompletely bedfast residents.	0	0.0	1.0	3.4
esidents confined to chairs.	40	62.5	42.6	50.8
esidents requiring restraints.	10	15.6	37.6	41.3
onfused or disoriented residents.	35	54.7	51.4	58.4
esidents with bed sores.	1	1.6	4.6	7.1
esidents receiving special skin care.	8	12.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence o deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRMONT COMMUNITY HOSPITAL C AND NC

Street Address: 835 JOHNSON STREET		**City and State:** FAIRMONT MN 56031	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
38	1	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	63.2	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	29	76.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	29	76.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	71.1	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	34.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	11	28.9	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	18.4	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	9	23.7	42.6	50.8
Residents requiring restraints.	4	10.5	37.6	41.3
Confused or disoriented residents.	9	23.7	51.4	58.4
Residents with bed sores.	2	5.3	4.6	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW METHODIST HEALTH CARE CENTER

Street Address: 610 SUMMIT DRIVE		**City and State:** FAIRMONT MN 56031	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 158	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
147	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	145	98.6	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	106	72.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	91	61.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	63.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	23.1	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	17	11.6	42.6	50.8
Residents requiring restraints.	32	21.8	37.6	41.3
Confused or disoriented residents.	87	59.2	51.4	58.4
Residents with bed sores.	5	3.4	4.6	7.1
Residents receiving special skin care.	10	6.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FARIBAULT MANOR NURSING HOME

Street Address: 1738 HULET AVENUE		**City and State:** FARIBAULT MN 55021	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
91	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	100	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	76	83.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	64	70.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	81.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	5.5	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	34.1	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	40	44.0	42.6	50.8
Residents requiring restraints.	53	58.2	37.6	41.3
Confused or disoriented residents.	48	52.7	51.4	58.4
Residents with bed sores.	5	5.5	4.6	7.1
Residents receiving special skin care.	7	7.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FARIBAULT REGIONAL CENTER

Street Address: 802 CIRCLE DRIVE	**City and State:** FARIBAULT MN 55021

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 35	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	100	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	33	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	33	100	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	100	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	9.1	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	87.9	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	32	97.0	42.6	50.8
Residents requiring restraints.	1	3.0	37.6	41.3
Confused or disoriented residents.	0	0.0	51.4	58.4
Residents with bed sores.	1	3.0	4.6	7.1
Residents receiving special skin care.	33	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT MANOR, INC.

Street Address: 27 BRAND AVE		**City and State:** FARIBAULT MN 55021	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 2	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	95.9	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	76	77.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	67	68.4	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	30.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	16	16.3	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	22.4	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	64	65.3	42.6	50.8
Residents requiring restraints.	44	44.9	37.6	41.3
Confused or disoriented residents.	56	57.1	51.4	58.4
Residents with bed sores.	3	3.1	4.6	7.1
Residents receiving special skin care.	15	15.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST LUCAS CONVALESCENT GERIATRIC CTR

Street Address: 503 EAST DIVISION STREET	**City and State:** FARIBAULT MN 55021

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 148	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 1	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	85.4	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	81.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	111	77.1	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	77.8	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	74.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	29.9	30.3	37.7
Completely bedfast residents.	1	0.7	1.0	3.4
Residents confined to chairs.	40	27.8	42.6	50.8
Residents requiring restraints.	85	59.0	37.6	41.3
Confused or disoriented residents.	87	60.4	51.4	58.4
Residents with bed sores.	5	3.5	4.6	7.1
Residents receiving special skin care.	25	17.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence o deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANDFORD MEMORIAL NURSING HOME

Street Address: 913 MAIN STREET		**City and State:** FARMINGTON MN 55024	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 65	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	1	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	90.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	58	89.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	44	67.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	76.9	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	64.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	3.1	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	36.9	30.3	37.7
Completely bedfast residents.	1	1.5	1.0	3.4
Residents confined to chairs.	26	40.0	42.6	50.8
Residents requiring restraints.	27	41.5	37.6	41.3
Confused or disoriented residents.	39	60.0	51.4	58.4
Residents with bed sores.	2	3.1	4.6	7.1
Residents receiving special skin care.	16	24.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROEN MEMORIAL HOME

Street Address: 824 S SHERIDAN BOX 123	**City and State:** FERGUS FALLS MN 56537

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 207	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 200	**Medicare Residents:** 0	**Medicaid Residents:** 114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	171	85.5	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	119	59.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	97	48.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	184	92.0	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	45.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	15.5	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	30	15.0	42.6	50.8
Residents requiring restraints.	25	12.5	37.6	41.3
Confused or disoriented residents.	70	35.0	51.4	58.4
Residents with bed sores.	4	2.0	4.6	7.1
Residents receiving special skin care.	12	6.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence o deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKE REGION NH

Street Address: 712 S CASCADE	**City and State:** FERGUS FALLS MN 56537

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 4	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	100	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	40	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	38	95.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	72.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	10.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	52.5	30.3	37.7
Completely bedfast residents.	2	5.0	1.0	3.4
Residents confined to chairs.	19	47.5	42.6	50.8
Residents requiring restraints.	21	52.5	37.6	41.3
Confused or disoriented residents.	18	45.0	51.4	58.4
Residents with bed sores.	2	5.0	4.6	7.1
Residents receiving special skin care.	13	32.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	0	0.0	201	2.1
he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months.	MET	0	0.0	518	5.5
ach resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIONEER HOME, INC.

Street Address: 1006 SOUTH SHERIDAN	**City and State:** FERGUS FALLS MN 56537

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	96.4	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	75.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	54.5	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	60.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	30.9	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	22	20.0	42.6	50.8
Residents requiring restraints.	41	37.3	37.6	41.3
Confused or disoriented residents.	68	61.8	51.4	58.4
Residents with bed sores.	6	5.5	4.6	7.1
Residents receiving special skin care.	41	37.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facili was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIR MEADOW NURS HME

Street Address: BOX 8		**City and State:** FERTILE MN 56540	
Participation: MEDICAID ICF	**# of Beds:** 83	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATIO
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	78.4	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	65	87.8	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	50	67.6	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	63.5	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	28.4	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	47	63.5	26.9	39.1
Residents requiring restraints.	13	17.6	18.4	31.7
Confused or disoriented residents.	37	50.0	39.4	55.8
Residents with bed sores.	3	4.1	2.6	4.7
Residents receiving special skin care.	3	4.1	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOLEY NURSING HOME

Street Address: 10 PINE ST		**City and State:** FOLEY MN 56329	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	1	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	76.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	89	78.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	66	57.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	61.4	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	59.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	15.8	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	58	50.9	42.6	50.8
Residents requiring restraints.	29	25.4	37.6	41.3
Confused or disoriented residents.	45	39.5	51.4	58.4
Residents with bed sores.	4	3.5	4.6	7.1
Residents receiving special skin care.	33	28.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BIRCHWOOD HLTH CARE CTR

Street Address: 604 NE 1ST ST	**City and State:** FOREST LAKE MN 55025

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	161	PROPRIETARY	05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
157	4	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	130	82.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	122	77.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	112	71.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	157	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	68.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	34.4	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	72	45.9	42.6	50.8
Residents requiring restraints.	69	43.9	37.6	41.3
Confused or disoriented residents.	98	62.4	51.4	58.4
Residents with bed sores.	12	7.6	4.6	7.1
Residents receiving special skin care.	11	7.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOSSTON MUNICIPAL NURSING HOME

Street Address: 900 S HILLIGOSS BLVD EAST	**City and State:** FOSSTON MN 56542

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	50	NON-PROFIT PRIVATE	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	100	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	77.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	31	63.3	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	61.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	32.7	30.3	37.7
Completely bedfast residents.	1	2.0	1.0	3.4
Residents confined to chairs.	21	42.9	42.6	50.8
Residents requiring restraints.	0	0.0	37.6	41.3
Confused or disoriented residents.	25	51.0	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	23	46.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHNSON REST HOME

Street Address: 516 SECOND STREET NORTHEAST		**City and State:** FOSSTON MN 56542	
Participation: MEDICAID ICF	**# of Beds:** 20	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
15	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	53.3	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	5	33.3	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	4	26.7	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	26.7	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	6.7	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	1	6.7	26.9	39.1
Residents requiring restraints.	1	6.7	18.4	31.7
Confused or disoriented residents.	2	13.3	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	5	33.3	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MIDWAY BOARDING CARE HOME

Street Address: 114 2ND ST N E	**City and State:** FOSSTON MN 56542

Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	68.8	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	15	46.9	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	10	31.3	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	31.3	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	34.4	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	6.3	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	2	6.3	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	12	37.5	39.4	55.8
Residents with bed sores.	1	3.1	2.6	4.7
Residents receiving special skin care.	5	15.6	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN HEALTHCARE CENTER

Street Address: 900 EAST THIRD STREET		**City and State:** FRANKLIN MN 55333	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 2	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	95.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	31	75.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	31	75.6	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	75.6	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	78.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	39.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	17	41.5	42.6	50.8
Residents requiring restraints.	19	46.3	37.6	41.3
Confused or disoriented residents.	24	58.5	51.4	58.4
Residents with bed sores.	1	2.4	4.6	7.1
Residents receiving special skin care.	8	19.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRAZEE RETIREMENT CENTER

Street Address: SECOND STREET SOUTHWEST BOX 96		**City and State:** FRAZEE MN 56544	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
102	1	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	97.1	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	96.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	87.3	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	74.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	75	73.5	30.3	37.7
Completely bedfast residents.	1	1.0	1.0	3.4
Residents confined to chairs.	63	61.8	42.6	50.8
Residents requiring restraints.	0	0.0	37.6	41.3
Confused or disoriented residents.	58	56.9	51.4	58.4
Residents with bed sores.	5	4.9	4.6	7.1
Residents receiving special skin care.	31	30.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIDLEY CONV HOME

Street Address: 7590 LYRIC LN	**City and State:** FRIDLEY MN 55432

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	129	NON-PROFIT OTHER	04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
124	1	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	91.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	104	83.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	90	72.6	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	65.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	31.5	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	61	49.2	42.6	50.8
Residents requiring restraints.	65	52.4	37.6	41.3
Confused or disoriented residents.	81	65.3	51.4	58.4
Residents with bed sores.	8	6.5	4.6	7.1
Residents receiving special skin care.	68	54.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LYNWOOD HEALTH CARE CENTER

Street Address: 5700 E RIVER ROAD	**City and State:** FRIDLEY MN 55432

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	79.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	31	72.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	28	65.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	62.8	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	62.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	16.3	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	27	62.8	42.6	50.8
Residents requiring restraints.	24	55.8	37.6	41.3
Confused or disoriented residents.	28	65.1	51.4	58.4
Residents with bed sores.	5	11.6	4.6	7.1
Residents receiving special skin care.	8	18.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLE LAWN NURSING HOME

Street Address: 400 7TH ST		**City and State:** FULDA MN 56131	
Participation: MEDICAID ICF	**# of Beds:** 62	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
61	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	100	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	34	55.7	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	38	62.3	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	60.7	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	60.7	45.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.6	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	26.2	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	16	26.2	26.9	39.1
Residents requiring restraints.	8	13.1	18.4	31.7
Confused or disoriented residents.	25	41.0	39.4	55.8
Residents with bed sores.	2	3.3	2.6	4.7
Residents receiving special skin care.	24	39.3	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GAYLORD LAKEVIEW HOME

Street Address: 640 3RD ST	**City and State:** GAYLORD MN 55334

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 58	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 2	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	77.2	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	78.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	64.9	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	56.1	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	75.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	28.1	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	21	36.8	42.6	50.8
Residents requiring restraints.	23	40.4	37.6	41.3
Confused or disoriented residents.	26	45.6	51.4	58.4
Residents with bed sores.	3	5.3	4.6	7.1
Residents receiving special skin care.	10	17.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENCOE AREA HEALTH CENTER

Street Address: 705 EAST 18TH STREET CARE UNIT	**City and State:** GLENCOE MN 55336

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 1	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	63.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	91	84.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	68	63.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	67.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	22.2	30.3	37.7
Completely bedfast residents.	1	0.9	1.0	3.4
Residents confined to chairs.	34	31.5	42.6	50.8
Residents requiring restraints.	38	35.2	37.6	41.3
Confused or disoriented residents.	47	43.5	51.4	58.4
Residents with bed sores.	2	1.9	4.6	7.1
Residents receiving special skin care.	86	79.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENWOOD RETIREMENT HOME

Street Address: 719 2ND ST SE

City and State: GLENWOOD MN 56334

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 100

Type of Ownership: NON-PROFIT RELIGIOUS

Survey Date: 06/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100

Medicare Residents: 2

Medicaid Residents: 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	83.0	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	74.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	60.0	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	55.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	5.0	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	49.0	30.3	37.7
Completely bedfast residents.	1	1.0	1.0	3.4
Residents confined to chairs.	56	56.0	42.6	50.8
Residents requiring restraints.	40	40.0	37.6	41.3
Confused or disoriented residents.	55	55.0	51.4	58.4
Residents with bed sores.	5	5.0	4.6	7.1
Residents receiving special skin care.	35	35.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW CARE CENTER

Street Address: FRANKLIN AT LAKESHORE DRIVE	**City and State:** GLENWOOD MN 56334

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 1	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	91.4	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	82.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	75.9	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	67.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	6.9	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	15.5	30.3	37.7
Completely bedfast residents.	1	1.7	1.0	3.4
Residents confined to chairs.	43	74.1	42.6	50.8
Residents requiring restraints.	26	44.8	37.6	41.3
Confused or disoriented residents.	36	62.1	51.4	58.4
Residents with bed sores.	4	6.9	4.6	7.1
Residents receiving special skin care.	7	12.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL ACRES HEALTH CARE CENTER

Street Address: 5825 ST CROIX AVENUE	**City and State:** GOLDEN VALLEY MN 55422

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	151	NON-PROFIT RELIGIOUS	12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	1	100	42.6	50.8
Residents requiring restraints.	0	0.0	37.6	41.3
Confused or disoriented residents.	0	0.0	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	1	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COURAGE RESIDENCE

Street Address: 3915 GOLDEN VALLEY RD		**City and State:** GOLDEN VALLEY MN 55422	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
63	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	46.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	26	41.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	32	50.8	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	77.8	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	60.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	4.8	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	3.2	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	46	73.0	42.6	50.8
Residents requiring restraints.	0	0.0	37.6	41.3
Confused or disoriented residents.	0	0.0	51.4	58.4
Residents with bed sores.	1	1.6	4.6	7.1
Residents receiving special skin care.	7	11.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TREVILLA OF GOLDEN VALLEY

Street Address: 7505 COUNTRY CLUB ROAD	**City and State:** GOLDEN VALLEY MN 55427

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	529	PROPRIETARY	05/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
242	2	204

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	199	82.2	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	158	65.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	94	38.8	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	240	99.2	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	147	60.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	0.8	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	18.2	30.3	37.7
Completely bedfast residents.	3	1.2	1.0	3.4
Residents confined to chairs.	101	41.7	42.6	50.8
Residents requiring restraints.	72	29.8	37.6	41.3
Confused or disoriented residents.	96	39.7	51.4	58.4
Residents with bed sores.	13	5.4	4.6	7.1
Residents receiving special skin care.	80	33.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence o deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facilit was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WELDWOOD HEALTH CARE CENTER

Street Address: 5411 CIRCLE DOWNS	**City and State:** GOLDEN VALLEY MN 55416

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	69.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	58	67.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	52	60.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	34.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	17.4	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	40	46.5	42.6	50.8
Residents requiring restraints.	26	30.2	37.6	41.3
Confused or disoriented residents.	26	30.2	51.4	58.4
Residents with bed sores.	4	4.7	4.6	7.1
Residents receiving special skin care.	7	8.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRACE HOME

Street Address: 116 WEST 2ND ST	**City and State:** GRACEVILLE MN 56240

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	80.0	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	38	63.3	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	35	58.3	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	56.7	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	33.3	21.7	29.3
Completely bedfast residents.	4	6.7	0.5	3.6
Residents confined to chairs.	17	28.3	26.9	39.1
Residents requiring restraints.	12	20.0	18.4	31.7
Confused or disoriented residents.	34	56.7	39.4	55.8
Residents with bed sores.	2	3.3	2.6	4.7
Residents receiving special skin care.	15	25.0	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COOK CO N SHORE HOSP CNC UNIT

Street Address: GUNFLINT TRAIL	**City and State:** GRAND MARAIS MN 55604

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 47	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	70.5	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	33	75.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	28	63.6	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	59.1	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	47.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	29.5	30.3	37.7
Completely bedfast residents.	1	2.3	1.0	3.4
Residents confined to chairs.	28	63.6	42.6	50.8
Residents requiring restraints.	16	36.4	37.6	41.3
Confused or disoriented residents.	18	40.9	51.4	58.4
Residents with bed sores.	1	2.3	4.6	7.1
Residents receiving special skin care.	17	38.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOW MANOR NH

Street Address: 201 E GRAND AVE	**City and State:** GRAND MEADOW MN 55936

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	100	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	44	95.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	41	89.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	80.4	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	91.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	52.2	30.3	37.7
Completely bedfast residents.	2	4.3	1.0	3.4
Residents confined to chairs.	16	34.8	42.6	50.8
Residents requiring restraints.	23	50.0	37.6	41.3
Confused or disoriented residents.	32	69.6	51.4	58.4
Residents with bed sores.	8	17.4	4.6	7.1
Residents receiving special skin care.	12	26.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ITASCA MEMORIAL HOSP C+NC UNIT

Street Address: 126 SE 1ST AVE	**City and State:** GRAND RAPIDS MN 55744

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 35	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 6	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	85.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	30	85.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	32	91.4	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	94.3	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	28.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	5.7	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	17.1	30.3	37.7
Completely bedfast residents.	3	8.6	1.0	3.4
Residents confined to chairs.	15	42.9	42.6	50.8
Residents requiring restraints.	0	0.0	37.6	41.3
Confused or disoriented residents.	13	37.1	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	10	28.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ITASCA NURSING HOME

Street Address:		**City and State:**	
923 COUNTY HOME ROAD		GRAND RAPIDS MN 55744	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	118	LOCAL GOVERNMENT	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	78.6	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	64.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	70.4	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	69.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	23.5	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	1	1.0	42.6	50.8
Residents requiring restraints.	20	20.4	37.6	41.3
Confused or disoriented residents.	47	48.0	51.4	58.4
Residents with bed sores.	5	5.1	4.6	7.1
Residents receiving special skin care.	35	35.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE HILLS NURSING HOME

Street Address: 2801 SOUTH POKEGAMA AVENUE		**City and State:** GRAND RAPIDS MN 55744	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	9.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	110	90.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	93	76.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	72.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	32.2	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	71	58.7	42.6	50.8
Residents requiring restraints.	4	3.3	37.6	41.3
Confused or disoriented residents.	67	55.4	51.4	58.4
Residents with bed sores.	6	5.0	4.6	7.1
Residents receiving special skin care.	25	20.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANITE MANOR

Street Address: 345 TENTH AVENUE	**City and State:** GRANITE FALLS MN 56241

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	88.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	51	82.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	41	66.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	59.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	40.3	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	18	29.0	42.6	50.8
Residents requiring restraints.	21	33.9	37.6	41.3
Confused or disoriented residents.	44	71.0	51.4	58.4
Residents with bed sores.	4	6.5	4.6	7.1
Residents receiving special skin care.	35	56.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENBUSH COMMUNITY HOSPITAL C & NC

Street Address: 152 FIFTH STREET SOUTH		**City and State:** GREENBUSH MN 56726	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	82.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	42	84.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	33	66.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	60.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	14.0	30.3	37.7
Completely bedfast residents.	1	2.0	1.0	3.4
Residents confined to chairs.	20	40.0	42.6	50.8
Residents requiring restraints.	5	10.0	37.6	41.3
Confused or disoriented residents.	42	84.0	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	27	54.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KITTSON MEMORIAL HOSPITAL CNC

Street Address: 1010 SOUTH BIRCH		**City and State:** HALLOCK MN 56728	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	79.5	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	54	65.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	50	60.2	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	51.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	15.7	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	22	26.5	42.6	50.8
Residents requiring restraints.	0	0.0	37.6	41.3
Confused or disoriented residents.	41	49.4	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	4	4.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HALSTAD LUTHERAN MEMORIAL HM

Street Address: 133 FOURTH AVENUE EAST	**City and State:** HALSTAD MN 56548

Participation: MEDICAID ICF	**# of Beds:** 68	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	59.7	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	53	79.1	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	41	61.2	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	38.8	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	44	65.7	21.7	29.3
Completely bedfast residents.	1	1.5	0.5	3.6
Residents confined to chairs.	32	47.8	26.9	39.1
Residents requiring restraints.	1	1.5	18.4	31.7
Confused or disoriented residents.	31	46.3	39.4	55.8
Residents with bed sores.	3	4.5	2.6	4.7
Residents receiving special skin care.	38	56.7	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARMONY COMMUNITY NURSING HOME

Street Address: 815 MAIN AVE S		**City and State:** HARMONY MN 55939	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 45	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
43	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	79.1	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	88.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	79.1	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	81.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	11.6	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	16.3	30.3	37.7
Completely bedfast residents.	4	9.3	1.0	3.4
Residents confined to chairs.	25	58.1	42.6	50.8
Residents requiring restraints.	14	32.6	37.6	41.3
Confused or disoriented residents.	21	48.8	51.4	58.4
Residents with bed sores.	3	7.0	4.6	7.1
Residents receiving special skin care.	18	41.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAVEN HOMES HEALTH CTR

Street Address: 930 WEST 16TH ST	**City and State:** HASTINGS MN 55033

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	96	93.2	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	78	75.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	73	70.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	55.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	25.2	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	32	31.1	42.6	50.8
Residents requiring restraints.	38	36.9	37.6	41.3
Confused or disoriented residents.	67	65.0	51.4	58.4
Residents with bed sores.	5	4.9	4.6	7.1
Residents receiving special skin care.	9	8.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGINA NURSING HOME

Street Address: NININGER RD	**City and State:** HASTINGS MN 55033

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	86.9	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	53	86.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	44	72.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	67.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	27.9	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	19	31.1	42.6	50.8
Residents requiring restraints.	30	49.2	37.6	41.3
Confused or disoriented residents.	36	59.0	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	25	41.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FIELD CREST NURSING HOME

Street Address: ROUTE 2 BOX 6A	**City and State:** HAYFIELD MN 55940

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 1	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	97.6	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	57.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	66.7	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	77.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	3.6	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	32.1	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	20	23.8	42.6	50.8
Residents requiring restraints.	33	39.3	37.6	41.3
Confused or disoriented residents.	45	53.6	51.4	58.4
Residents with bed sores.	3	3.6	4.6	7.1
Residents receiving special skin care.	11	13.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HENDRICKS COMMUNITY HOSP. CNC

Street Address: 503 EAST LINCOLN STREET	**City and State:** HENDRICKS MN 56136

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	85.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	49	73.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	44	65.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	65.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	7.5	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	43.3	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	33	49.3	42.6	50.8
Residents requiring restraints.	32	47.8	37.6	41.3
Confused or disoriented residents.	38	56.7	51.4	58.4
Residents with bed sores.	1	1.5	4.6	7.1
Residents receiving special skin care.	14	20.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HENNING NURSING HOME

Street Address: 907 MARSHALL AVE	**City and State:** HENNING MN 56551

Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	57.8	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	49	76.6	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	46	71.9	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	73.4	45.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.6	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	28.1	21.7	29.3
Completely bedfast residents.	2	3.1	0.5	3.6
Residents confined to chairs.	37	57.8	26.9	39.1
Residents requiring restraints.	31	48.4	18.4	31.7
Confused or disoriented residents.	31	48.4	39.4	55.8
Residents with bed sores.	5	7.8	2.6	4.7
Residents receiving special skin care.	28	43.8	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW NURSING HOME

Street Address: 941 COUNTY ROAD 9		**City and State:** HERON LAKE MN 56137	
Participation: MEDICAID ICF	**# of Beds:** 47	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	60.0	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	28	62.2	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	53.3	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	42.2	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	33.3	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	10	22.2	26.9	39.1
Residents requiring restraints.	15	33.3	18.4	31.7
Confused or disoriented residents.	25	55.6	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	18	40.0	19.9	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN CREST NURSING HOME

Street Address: 2413 FIRST AVENUE	**City and State:** HIBBING MN 55746

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	96.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	74	89.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	64	77.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	67.5	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	78.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	3.6	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	39.8	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	45	54.2	42.6	50.8
Residents requiring restraints.	45	54.2	37.6	41.3
Confused or disoriented residents.	58	69.9	51.4	58.4
Residents with bed sores.	2	2.4	4.6	7.1
Residents receiving special skin care.	25	30.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE HILLS HEALTH CARE

Street Address: 1500 THIRD AVE	**City and State:** HIBBING MN 55746

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 192	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	**Medicare Residents:** 2	**Medicaid Residents:** 148

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	80.2	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	148	88.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	103	61.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	74.9	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	61.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	33.5	30.3	37.7
Completely bedfast residents.	11	6.6	1.0	3.4
Residents confined to chairs.	88	52.7	42.6	50.8
Residents requiring restraints.	85	50.9	37.6	41.3
Confused or disoriented residents.	103	61.7	51.4	58.4
Residents with bed sores.	6	3.6	4.6	7.1
Residents receiving special skin care.	46	27.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TUFF MEMORIAL HOME

Street Address: RURAL ROUTE 1 BOX 10	**City and State:** HILLS MN 56138

Participation: MEDICAID ICF	**# of Beds:** 52	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	100	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	42	80.8	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	36	69.2	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	61.5	45.2	59.1
Residents on individually written bowel and bladder retraining program.	22	42.3	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	34.6	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	15	28.8	26.9	39.1
Residents requiring restraints.	26	50.0	18.4	31.7
Confused or disoriented residents.	25	48.1	39.4	55.8
Residents with bed sores.	5	9.6	2.6	4.7
Residents receiving special skin care.	22	42.3	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOFFMAN CARE CENTER

Street Address: 104 SIXTH STREET		**City and State:** HOFFMAN MN 56339	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
43	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	67.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	31	72.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	28	65.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	65.1	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	62.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	37.2	30.3	37.7
Completely bedfast residents.	2	4.7	1.0	3.4
Residents confined to chairs.	24	55.8	42.6	50.8
Residents requiring restraints.	14	32.6	37.6	41.3
Confused or disoriented residents.	10	23.3	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	4	9.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHAPEL VIEW CARE CENTER

Street Address: 615 MINNETONKA MILLS ROAD	**City and State:** HOPKINS MN 55343

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	**Medicare Residents:** 1	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	88.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	112	90.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	103	83.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	94.4	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	114	91.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	40.3	30.3	37.7
Completely bedfast residents.	3	2.4	1.0	3.4
Residents confined to chairs.	90	72.6	42.6	50.8
Residents requiring restraints.	80	64.5	37.6	41.3
Confused or disoriented residents.	73	58.9	51.4	58.4
Residents with bed sores.	1	0.8	4.6	7.1
Residents receiving special skin care.	56	45.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOPKINS NURSING CENTER

Street Address: 725 SECOND AVENUE SOUTH	**City and State:** HOPKINS MN 55343

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 157	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 141	**Medicare Residents:** 0	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	46.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	107	75.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	81	57.4	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	99.3	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	53.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	11	7.8	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	25.5	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	32	22.7	42.6	50.8
Residents requiring restraints.	49	34.8	37.6	41.3
Confused or disoriented residents.	57	40.4	51.4	58.4
Residents with bed sores.	5	3.5	4.6	7.1
Residents receiving special skin care.	49	34.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW NURSING HOME

Street Address: 510 EAST CEDAR STREET	**City and State:** HOUSTON MN 55943

Participation: MEDICAID ICF	**# of Beds:** 68	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	98.4	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	47	75.8	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	45	72.6	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	67.7	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	71.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	2	3.2	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	29	46.8	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	17	27.4	26.9	39.1
Residents requiring restraints.	34	54.8	18.4	31.7
Confused or disoriented residents.	39	62.9	39.4	55.8
Residents with bed sores.	3	4.8	2.6	4.7
Residents receiving special skin care.	21	33.9	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOWARD LAKE CARE CENTER

Street Address: 413 13TH AVENUE	**City and State:** HOWARD LAKE MN 55349

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	76.8	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	31	55.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	60.7	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	66.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	8.9	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	42.9	30.3	37.7
Completely bedfast residents.	1	1.8	1.0	3.4
Residents confined to chairs.	19	33.9	42.6	50.8
Residents requiring restraints.	2	3.6	37.6	41.3
Confused or disoriented residents.	33	58.9	51.4	58.4
Residents with bed sores.	2	3.6	4.6	7.1
Residents receiving special skin care.	10	17.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BURNS MANOR MUNICIPAL NURSING HOME

Street Address: NORTH HIGH DRIVE	**City and State:** HUTCHINSON MN 55350

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 129	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 127	**Medicare Residents:** 1	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	89.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	114	89.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	105	82.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	76.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	26.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	63	49.6	42.6	50.8
Residents requiring restraints.	71	55.9	37.6	41.3
Confused or disoriented residents.	71	55.9	51.4	58.4
Residents with bed sores.	3	2.4	4.6	7.1
Residents receiving special skin care.	104	81.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FALLS CARE CENTER

Street Address: HIGHWAY 11-71	**City and State:** INTERNATIONAL FALLS MN 56649

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	69.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	71	72.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	83	84.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	65.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	43.9	30.3	37.7
Completely bedfast residents.	6	6.1	1.0	3.4
Residents confined to chairs.	62	63.3	42.6	50.8
Residents requiring restraints.	2	2.0	37.6	41.3
Confused or disoriented residents.	31	31.6	51.4	58.4
Residents with bed sores.	2	2.0	4.6	7.1
Residents receiving special skin care.	8	8.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INVER GROVE CARE CENTER

Street Address: 4700 SOUTH ROBERT TRAIL	**City and State:** INVER GROVE HEIGHTS MN 55075

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 1	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	61.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	57	75.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	47	61.8	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	63.2	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	50.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	3.9	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	26.3	30.3	37.7
Completely bedfast residents.	2	2.6	1.0	3.4
Residents confined to chairs.	29	38.2	42.6	50.8
Residents requiring restraints.	31	40.8	37.6	41.3
Confused or disoriented residents.	35	46.1	51.4	58.4
Residents with bed sores.	4	5.3	4.6	7.1
Residents receiving special skin care.	17	22.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEDGEWOOD HEALTH CARE CENTER

Street Address: 2060 UPPER 55TH STREET EAST		**City and State:** INVER GROVE HEIGHTS MN 55075	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 170	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
167	11	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	79.0	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	79.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	111	66.5	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	73.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	2.4	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	38.3	30.3	37.7
Completely bedfast residents.	2	1.2	1.0	3.4
Residents confined to chairs.	62	37.1	42.6	50.8
Residents requiring restraints.	79	47.3	37.6	41.3
Confused or disoriented residents.	118	70.7	51.4	58.4
Residents with bed sores.	4	2.4	4.6	7.1
Residents receiving special skin care.	76	45.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DIVINE PROVIDENCE HOME

Street Address: 312 EAST GEORGE STREET	**City and State:** IVANHOE MN 56142

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 51	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	73.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	44	97.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	37	82.2	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	46.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	8.9	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	22.2	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	31	68.9	42.6	50.8
Residents requiring restraints.	22	48.9	37.6	41.3
Confused or disoriented residents.	32	71.1	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	7	15.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN SUNSET HOME

Street Address: 600 WEST STREET	**City and State:** JACKSON MN 56143

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	73.9	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	70.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	59.1	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	70.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	22.7	30.3	37.7
Completely bedfast residents.	1	1.1	1.0	3.4
Residents confined to chairs.	42	47.7	42.6	50.8
Residents requiring restraints.	21	23.9	37.6	41.3
Confused or disoriented residents.	36	40.9	51.4	58.4
Residents with bed sores.	7	8.0	4.6	7.1
Residents receiving special skin care.	18	20.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JACKSON MUNICIPAL NURSING HOME

Street Address: NORTH HIGHWAY	**City and State:** JACKSON MN 56143

Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	55.6	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	14	77.8	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	8	44.4	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	33.3	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	22.2	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	10	55.6	26.9	39.1
Residents requiring restraints.	4	22.2	18.4	31.7
Confused or disoriented residents.	9	50.0	39.4	55.8
Residents with bed sores.	1	5.6	2.6	4.7
Residents receiving special skin care.	10	55.6	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JANESVILLE NH

Street Address: 102 E NORTH ST	**City and State:** JANESVILLE MN 56048

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 45	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	84.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	33	75.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	36	81.8	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	75.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	34.1	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	35	79.5	42.6	50.8
Residents requiring restraints.	11	25.0	37.6	41.3
Confused or disoriented residents.	19	43.2	51.4	58.4
Residents with bed sores.	8	18.2	4.6	7.1
Residents receiving special skin care.	25	56.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW HEALTH CARE CENTER

Street Address: 4061 WEST 173RD STREET	**City and State:** JORDAN MN 55352

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	71.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	85	87.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	52	53.6	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	72.2	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	55.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	27.8	30.3	37.7
Completely bedfast residents.	1	1.0	1.0	3.4
Residents confined to chairs.	20	20.6	42.6	50.8
Residents requiring restraints.	40	41.2	37.6	41.3
Confused or disoriented residents.	51	52.6	51.4	58.4
Residents with bed sores.	1	1.0	4.6	7.1
Residents receiving special skin care.	20	20.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KARLSTAD MEMORIAL NURSING CTR

Street Address: 3RD & WASHINGTON	**City and State:** KARLSTAD MN 56732

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 71	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 2	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	89.4	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	90.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	60.6	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	87.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	27.3	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	33	50.0	42.6	50.8
Residents requiring restraints.	0	0.0	37.6	41.3
Confused or disoriented residents.	48	72.7	51.4	58.4
Residents with bed sores.	1	1.5	4.6	7.1
Residents receiving special skin care.	2	3.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN CENTER

Street Address: P O BOX 189 MAIN STREET	**City and State:** KELLIHER MN 56650

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	93.3	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	19	63.3	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	17	56.7	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	86.7	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	46.7	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	36.7	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	15	50.0	26.9	39.1
Residents requiring restraints.	3	10.0	18.4	31.7
Confused or disoriented residents.	13	43.3	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	3	10.0	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENYON SUNSET HOME

Street Address: 127 GUNDERSON BLVD	**City and State:** KENYON MN 55946

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 79	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	78.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	49	65.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	41	54.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	54.7	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	54.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	20.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	40	53.3	42.6	50.8
Residents requiring restraints.	33	44.0	37.6	41.3
Confused or disoriented residents.	22	29.3	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	9	12.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LACRESCENT HEALTHCARE CTR

Street Address: 701 MAIN ST		**City and State:** LACRESCENT MN 55947	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 77	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	83.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	63	87.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	60	83.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	83.3	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	83.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	23	31.9	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	29.2	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	25	34.7	42.6	50.8
Residents requiring restraints.	10	13.9	37.6	41.3
Confused or disoriented residents.	60	83.3	51.4	58.4
Residents with bed sores.	4	5.6	4.6	7.1
Residents receiving special skin care.	4	5.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFAYETTE GOOD SAMARITAN CENTER

Street Address: BOX 19 PARK AVENUE	**City and State:** LAFAYETTE MN 56054

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	65.0	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	28	70.0	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	65.0	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	55.0	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	62.5	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	22.5	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	22	55.0	26.9	39.1
Residents requiring restraints.	6	15.0	18.4	31.7
Confused or disoriented residents.	19	47.5	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	5	12.5	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKE CITY NH

Street Address: 405 W GRANT ST		**City and State:** LAKE CITY MN 55041	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 115	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
115	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	94.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	107	93.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	99	86.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	89.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	40.9	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	79	68.7	42.6	50.8
Residents requiring restraints.	44	38.3	37.6	41.3
Confused or disoriented residents.	68	59.1	51.4	58.4
Residents with bed sores.	1	0.9	4.6	7.1
Residents receiving special skin care.	115	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKE CRYSTAL HEALTH CARE CENTER

Street Address: 202 LA CLAIRE ST		**City and State:** LAKE CRYSTAL MN 56055	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	82.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	49	84.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	44	75.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	60.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	36.2	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	20	34.5	42.6	50.8
Residents requiring restraints.	7	12.1	37.6	41.3
Confused or disoriented residents.	23	39.7	51.4	58.4
Residents with bed sores.	3	5.2	4.6	7.1
Residents receiving special skin care.	13	22.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNYSIDE REST HOME

Street Address: RT 2	**City and State:** LAKE PARK MN 56554

Participation: MEDICAID ICF	**# of Beds:** 63	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	100	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	56	90.3	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	57	91.9	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	80.6	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	29.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	46	74.2	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	61	98.4	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	2	3.2	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL MANOR NH

Street Address: MANOR DRIVE	**City and State:** LAKEFIELD MN 56150

Participation: MEDICAID ICF	**# of Beds:** 54	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	100	68.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	70.4	56.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	63.0	46.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	100	72.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	63.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	33.3	21.7	29.3
Completely bedfast residents.	1	1.9	0.5	3.6
Residents confined to chairs.	30	55.6	26.9	39.1
Residents requiring restraints.	24	44.4	18.4	31.7
Confused or disoriented residents.	16	29.6	39.4	55.8
Residents with bed sores.	1	1.9	2.6	4.7
Residents receiving special skin care.	10	18.5	19.9	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW MANOR

Street Address: COUNTY ROAD #15		**City and State:** LAMBERTON MN 56152	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
76	1	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	85.5	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	58	76.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	50	65.8	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	56.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	22.4	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	31	40.8	42.6	50.8
Residents requiring restraints.	24	31.6	37.6	41.3
Confused or disoriented residents.	27	35.5	51.4	58.4
Residents with bed sores.	2	2.6	4.6	7.1
Residents receiving special skin care.	26	34.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL HEALTH CARE

Street Address: 444 NORTH CORDOVA		**City and State:** LECENTER MN 56057	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	93.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	74	77.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	67	69.8	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	74.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	35.4	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	46	47.9	42.6	50.8
Residents requiring restraints.	49	51.0	37.6	41.3
Confused or disoriented residents.	56	58.3	51.4	58.4
Residents with bed sores.	7	7.3	4.6	7.1
Residents receiving special skin care.	47	49.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDENVIEW NURSING HOME

Street Address: 621 S 4TH ST	**City and State:** LESUEUR MN 56058

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 85	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 39	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	92.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	57	69.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	52	63.4	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	62.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	37	45.1	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	30.5	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	30	36.6	42.6	50.8
Residents requiring restraints.	42	51.2	37.6	41.3
Confused or disoriented residents.	53	64.6	51.4	58.4
Residents with bed sores.	6	7.3	4.6	7.1
Residents receiving special skin care.	28	34.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEWISTON VILLA NURSING HOME

Street Address: 505 EAST MAIN STREET		**City and State:** LEWISTON MN 55952	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	95.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	27	58.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	24	52.2	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	52.2	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	41.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	13.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	4	8.7	42.6	50.8
Residents requiring restraints.	11	23.9	37.6	41.3
Confused or disoriented residents.	18	39.1	51.4	58.4
Residents with bed sores.	3	6.5	4.6	7.1
Residents receiving special skin care.	16	34.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHANY HOME

Street Address: 203 N ARMSTRONG AVE	**City and State:** LITCHFIELD MN 55355

Participation: MEDICAID ICF	**# of Beds:** 52	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	98.0	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	10	20.0	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	4	8.0	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	18.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	2	4.0	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	0	0.0	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	10	20.0	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMMANUEL HOME

Street Address: 600 S DAVIS	**City and State:** LITCHFIELD MN 55355

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	97.5	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	94.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	91.6	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	96.6	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	87.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	33	27.7	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	59.7	30.3	37.7
Completely bedfast residents.	4	3.4	1.0	3.4
Residents confined to chairs.	80	67.2	42.6	50.8
Residents requiring restraints.	93	78.2	37.6	41.3
Confused or disoriented residents.	75	63.0	51.4	58.4
Residents with bed sores.	4	3.4	4.6	7.1
Residents receiving special skin care.	20	16.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN SENIOR CITIZENS HOME

Street Address: 1200 FIRST AVENUE NORTHEAST	**City and State:** LITTLE FALLS MN 56345

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 6	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	84.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	94	84.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	70	63.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	73.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	32.4	30.3	37.7
Completely bedfast residents.	1	0.9	1.0	3.4
Residents confined to chairs.	24	21.6	42.6	50.8
Residents requiring restraints.	38	34.2	37.6	41.3
Confused or disoriented residents.	56	50.5	51.4	58.4
Residents with bed sores.	7	6.3	4.6	7.1
Residents receiving special skin care.	42	37.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST OTTOS HOME

Street Address: 920 SOUTHEAST 4TH STREET	**City and State:** LITTLE FALLS MN 56345

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 159	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 148	**Medicare Residents:** 1	**Medicaid Residents:** 104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	51.4	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	73.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	68.2	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	129	87.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	36.5	30.3	37.7
Completely bedfast residents.	1	0.7	1.0	3.4
Residents confined to chairs.	65	43.9	42.6	50.8
Residents requiring restraints.	53	35.8	37.6	41.3
Confused or disoriented residents.	80	54.1	51.4	58.4
Residents with bed sores.	3	2.0	4.6	7.1
Residents receiving special skin care.	77	52.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLEFORK MUNICIPAL HOSPITAL CNC

Street Address: BOX N	**City and State:** LITTLEFORK MN 56653

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	67.5	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	34	85.0	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	16	40.0	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	75.0	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	47.5	45.2	59.1
Residents on individually written bowel and bladder retraining program.	1	2.5	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	12.5	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	3	7.5	26.9	39.1
Residents requiring restraints.	12	30.0	18.4	31.7
Confused or disoriented residents.	23	57.5	39.4	55.8
Residents with bed sores.	1	2.5	2.6	4.7
Residents receiving special skin care.	15	37.5	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LONG LAKE NH

Street Address: 345 BROWN RD S	**City and State:** LONG LAKE MN 55356

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	45.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	34	70.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	27	56.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	41.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	4.2	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	22.9	30.3	37.7
Completely bedfast residents.	2	4.2	1.0	3.4
Residents confined to chairs.	18	37.5	42.6	50.8
Residents requiring restraints.	15	31.3	37.6	41.3
Confused or disoriented residents.	25	52.1	51.4	58.4
Residents with bed sores.	4	8.3	4.6	7.1
Residents receiving special skin care.	20	41.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LONG PRAIRIE MEMORIAL HOSPITAL C&NC

Street Address: 20 NINTH ST SOUTHEAST		**City and State:** LONG PRAIRIE MN 56347	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
123	0	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	69.9	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	79	64.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	67	54.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	50.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	30.9	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	55	44.7	42.6	50.8
Residents requiring restraints.	37	30.1	37.6	41.3
Confused or disoriented residents.	56	45.5	51.4	58.4
Residents with bed sores.	2	1.6	4.6	7.1
Residents receiving special skin care.	54	43.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY JANE BROWN GOOD SAMARITAN CENTER

Street Address: 110 SOUTH WALNUT AVE		**City and State:** LUVERNE MN 56156	
Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	98.6	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	62	88.6	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	55	78.6	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	77.1	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	30	42.9	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	52	74.3	26.9	39.1
Residents requiring restraints.	32	45.7	18.4	31.7
Confused or disoriented residents.	33	47.1	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	23	32.9	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN LEA MANOR

Street Address: BOX 306	**City and State:** MABEL MN 55954

Participation: MEDICAID ICF	**# of Beds:** 79	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	85.7	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	59	76.6	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	54	70.1	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	61.0	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	53.2	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	26	33.8	21.7	29.3
Completely bedfast residents.	8	10.4	0.5	3.6
Residents confined to chairs.	20	26.0	26.9	39.1
Residents requiring restraints.	21	27.3	18.4	31.7
Confused or disoriented residents.	41	53.2	39.4	55.8
Residents with bed sores.	7	9.1	2.6	4.7
Residents receiving special skin care.	15	19.5	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHER MEMORIAL HOME

Street Address: 221 SIXTH ST SW		**City and State:** MADELIA MN 56062	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
88	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	86.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	59	67.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	50	56.8	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	56.8	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	59.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	44	50.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	29.5	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	48	54.5	42.6	50.8
Residents requiring restraints.	30	34.1	37.6	41.3
Confused or disoriented residents.	44	50.0	51.4	58.4
Residents with bed sores.	3	3.4	4.6	7.1
Residents receiving special skin care.	32	36.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADISON LUTHERAN HOME

Street Address: 900 SECOND AVENUE		**City and State:** MADISON MN 56256	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 177	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
176	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	172	97.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	121	68.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	95	54.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	44.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	22.7	30.3	37.7
Completely bedfast residents.	1	0.6	1.0	3.4
Residents confined to chairs.	56	31.8	42.6	50.8
Residents requiring restraints.	41	23.3	37.6	41.3
Confused or disoriented residents.	73	41.5	51.4	58.4
Residents with bed sores.	2	1.1	4.6	7.1
Residents receiving special skin care.	26	14.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAHNOMEN COUNTY AND VILLAGE HOSP CNC

Street Address: 414 WEST JEFFERSON	**City and State:** MAHNOMEN MN 56557

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 48	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	100	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	39	92.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	31	73.8	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	100	64.4	68 2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	21.4	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	20	47.6	42.6	50.8
Residents requiring restraints.	0	0.0	37.6	41.3
Confused or disoriented residents.	25	59.5	51.4	58.4
Residents with bed sores.	1	2.4	4.6	7.1
Residents receiving special skin care.	18	42.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST HEALTH CARE CENTER

Street Address: ROUTE 9, BOX 3	**City and State:** MANKATO MN 56001

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 158	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	**Medicare Residents:** 0	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	152	98.1	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	134	86.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	112	72.3	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	94.8	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	69.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	74	47.7	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	31.6	30.3	37.7
Completely bedfast residents.	3	1.9	1.0	3.4
Residents confined to chairs.	57	36.8	42.6	50.8
Residents requiring restraints.	77	49.7	37.6	41.3
Confused or disoriented residents.	84	54.2	51.4	58.4
Residents with bed sores.	10	6.5	4.6	7.1
Residents receiving special skin care.	73	47.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANKATO HOUSE HEALTH CARE CENTER

Street Address: 700 JAMES AVENUE		**City and State:** MANKATO MN 56001	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	88.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	69	77.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	66	74.2	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	76.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	22	24.7	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	33.7	30.3	37.7
Completely bedfast residents.	1	1.1	1.0	3.4
Residents confined to chairs.	25	28.1	42.6	50.8
Residents requiring restraints.	48	53.9	37.6	41.3
Confused or disoriented residents.	18	20.2	51.4	58.4
Residents with bed sores.	5	5.6	4.6	7.1
Residents receiving special skin care.	39	43.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANKATO LUTHERAN HOME

Street Address: 718 MOUND AVE	**City and State:** MANKATO MN 56001

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 69	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	92.5	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	53	79.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	44	65.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	71.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	6.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	25.4	30.3	37.7
Completely bedfast residents.	2	3.0	1.0	3.4
Residents confined to chairs.	12	17.9	42.6	50.8
Residents requiring restraints.	31	46.3	37.6	41.3
Confused or disoriented residents.	44	65.7	51.4	58.4
Residents with bed sores.	4	6.0	4.6	7.1
Residents receiving special skin care.	23	34.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKLAWN HEALTH CARE CENTER

Street Address: 1112 MULBERRY ST		**City and State:** MANKATO MN 56001	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	98.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	53	85.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	48	77.4	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	79.0	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	64.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	29.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	35	56.5	42.6	50.8
Residents requiring restraints.	17	27.4	37.6	41.3
Confused or disoriented residents.	30	48.4	51.4	58.4
Residents with bed sores.	3	4.8	4.6	7.1
Residents receiving special skin care.	5	8.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAVEN HOMES OF MAPLE PLAIN, INC.

Street Address: 1520 WYMAN AVENUE	**City and State:** MAPLE PLAIN MN 55359

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 2	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	85.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	54	85.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	49	77.8	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	76.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	3.2	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	31.7	30.3	37.7
Completely bedfast residents.	1	1.6	1.0	3.4
Residents confined to chairs.	14	22.2	42.6	50.8
Residents requiring restraints.	36	57.1	37.6	41.3
Confused or disoriented residents.	41	65.1	51.4	58.4
Residents with bed sores.	4	6.3	4.6	7.1
Residents receiving special skin care.	7	11.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLETON COMMUNITY HOME

Street Address: 301 TROENDLE ST	**City and State:** MAPLETON MN 56065

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 1	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	76.2	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	64	80.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	54	67.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	67.5	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	58.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	22.5	30.3	37.7
Completely bedfast residents.	5	6.3	1.0	3.4
Residents confined to chairs.	46	57.5	42.6	50.8
Residents requiring restraints.	30	37.5	37.6	41.3
Confused or disoriented residents.	38	47.5	51.4	58.4
Residents with bed sores.	3	3.7	4.6	7.1
Residents receiving special skin care.	10	12.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLEWOOD MAPLE MANOR CARE CTR

Street Address: 550 EAST ROSELAWN AVENUE	**City and State:** MAPLEWOOD MN 55117

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 162	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 159	**Medicare Residents:** 4	**Medicaid Residents:** 116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	78.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	132	83.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	116	73.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	159	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	72.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	113	71.1	30.3	37.7
Completely bedfast residents.	1	0.6	1.0	3.4
Residents confined to chairs.	68	42.8	42.6	50.8
Residents requiring restraints.	44	27.7	37.6	41.3
Confused or disoriented residents.	98	61.6	51.4	58.4
Residents with bed sores.	8	5.0	4.6	7.1
Residents receiving special skin care.	53	33.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEINER MEMORIAL NURSING HOME

Street Address: 300 SOUTH BRUCE ST	**City and State:** MARSHALL MN 56258

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 2	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	96.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	59	78.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	45	60.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	60.0	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	66.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	29.3	30.3	37.7
Completely bedfast residents.	3	4.0	1.0	3.4
Residents confined to chairs.	14	18.7	42.6	50.8
Residents requiring restraints.	19	25.3	37.6	41.3
Confused or disoriented residents.	20	26.7	51.4	58.4
Residents with bed sores.	1	1.3	4.6	7.1
Residents receiving special skin care.	2	2.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MCINTOSH MANOR

Street Address: 700 NE RIVERSIDE AVE	**City and State:** MCINTOSH MN 56556

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	91.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	63	80.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	39	50.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	41.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	28.2	30.3	37.7
Completely bedfast residents.	1	1.3	1.0	3.4
Residents confined to chairs.	14	17.9	42.6	50.8
Residents requiring restraints.	0	0.0	37.6	41.3
Confused or disoriented residents.	35	44.9	51.4	58.4
Residents with bed sores.	3	3.8	4.6	7.1
Residents receiving special skin care.	13	16.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE VILLA NH

Street Address: 11 N 5TH AVE W		**City and State:** MELROSE MN 56352	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	64.9	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	57	77.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	41	55.4	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	58.1	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	45.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	27.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	16	21.6	42.6	50.8
Residents requiring restraints.	22	29.7	37.6	41.3
Confused or disoriented residents.	28	37.8	51.4	58.4
Residents with bed sores.	1	1.4	4.6	7.1
Residents receiving special skin care.	23	31.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN PINE ACRES NURSING HOME

Street Address: P O BOX 130		**City and State:** MENAHGA MN 56464	
Participation: MEDICAID ICF	**# of Beds:** 91	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	77.8	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	70	77.8	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	77	85.6	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	60.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	27.8	21.7	29.3
Completely bedfast residents.	1	1.1	0.5	3.6
Residents confined to chairs.	39	43.3	26.9	39.1
Residents requiring restraints.	29	32.2	18.4	31.7
Confused or disoriented residents.	56	62.2	39.4	55.8
Residents with bed sores.	2	2.2	2.6	4.7
Residents receiving special skin care.	44	48.9	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELIM HOME

Street Address: 703 2ND ST SE	**City and State:** MILACA MN 56353

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 2	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	87.0	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	79.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	63.5	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	61.7	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	63.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	36.5	30.3	37.7
Completely bedfast residents.	1	0.9	1.0	3.4
Residents confined to chairs.	64	55.7	42.6	50.8
Residents requiring restraints.	54	47.0	37.6	41.3
Confused or disoriented residents.	44	38.3	51.4	58.4
Residents with bed sores.	2	1.7	4.6	7.1
Residents receiving special skin care.	44	38.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANDREW CARE HOME

Street Address: 1215 S 9TH ST		**City and State:** MINNEAPOLIS MN 55404	
Participation: MEDICAID ICF	**# of Beds:** 228	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
203	0	203

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	0	0.0	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	1.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	1	0.5	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	0	0.0	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	0	0.0	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANGELUS CONV HOME

Street Address: 4544 4TH AVE S	**City and State:** MINNEAPOLIS MN 55409

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 1	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	84.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	62	82.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	38	50.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	70.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	8	10.7	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	32.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	42	56.0	42.6	50.8
Residents requiring restraints.	21	28.0	37.6	41.3
Confused or disoriented residents.	63	84.0	51.4	58.4
Residents with bed sores.	10	13.3	4.6	7.1
Residents receiving special skin care.	28	37.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUGUSTANA HOME OF MINNEAPOLIS

Street Address: 1007 EAST 14TH STREET	**City and State:** MINNEAPOLIS MN 55404

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 382	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 348	**Medicare Residents:** 5	**Medicaid Residents:** 134

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	256	73.6	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	208	59.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	183	52.6	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	348	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	182	52.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.3	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	72	20.7	30.3	37.7
Completely bedfast residents.	3	0.9	1.0	3.4
Residents confined to chairs.	88	25.3	42.6	50.8
Residents requiring restraints.	129	37.1	37.6	41.3
Confused or disoriented residents.	163	46.8	51.4	58.4
Residents with bed sores.	14	4.0	4.6	7.1
Residents receiving special skin care.	90	25.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BANNOCHIE NURSING HOME

Street Address: 3515 2ND AVE SOUTH		**City and State:** MINNEAPOLIS MN 55408	
Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	55.0	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	29	72.5	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	16	40.0	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	17.5	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	37.5	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	22.5	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	3	7.5	26.9	39.1
Residents requiring restraints.	3	7.5	18.4	31.7
Confused or disoriented residents.	3	7.5	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	6	15.0	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAPTIST RESIDENCE

Street Address: 512 49TH AVE NORTH	**City and State:** MINNEAPOLIS MN 55430

Participation: MEDICAID ICF	**# of Beds:** 87	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	58.2	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	24	35.8	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	29.9	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	32.8	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	28.4	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	9.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	3	4.5	26.9	39.1
Residents requiring restraints.	1	1.5	18.4	31.7
Confused or disoriented residents.	18	26.9	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	0	0.0	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHANY COVENANT HOME INC

Street Address: 2309 HAYES AVENUE NORTHEAST	**City and State:** MINNEAPOLIS MN 55418

Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	45	70.3	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	41	64.1	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	34	53.1	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	93.8	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	60.9	45.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.6	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	21.9	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	33	51.6	26.9	39.1
Residents requiring restraints.	22	34.4	18.4	31.7
Confused or disoriented residents.	31	48.4	39.4	55.8
Residents with bed sores.	4	6.3	2.6	4.7
Residents receiving special skin care.	29	45.3	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BIRCHWOOD CARE HOME INC

Street Address: 715 W 31ST STREET		**City and State:** MINNEAPOLIS MN 55408	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	5.3	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	1	1.8	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	3.5	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	0	0.0	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	1	1.8	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	2	3.5	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRYN MAWR NURSING HOME

Street Address: 275 PENN AVENUE NORTH		**City and State:** MINNEAPOLIS MN 55405	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 178	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
149	3	133

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	66.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	103	69.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	94	63.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	62.4	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	44.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	15.4	30.3	37.7
Completely bedfast residents.	4	2.7	1.0	3.4
Residents confined to chairs.	74	49.7	42.6	50.8
Residents requiring restraints.	31	20.8	37.6	41.3
Confused or disoriented residents.	53	35.6	51.4	58.4
Residents with bed sores.	12	8.1	4.6	7.1
Residents receiving special skin care.	31	20.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BYWOOD EAST HEALTH CARE

Street Address: 3427 CENTRAL AVE NE	**City and State:** MINNEAPOLIS MN 55418

Participation: MEDICAID ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	52.9	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	31	29.8	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	2	1.9	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	1.9	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	13.5	45.2	59.1
Residents on individually written bowel and bladder retraining program.	4	3.8	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	0	0.0	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	47	45.2	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	21	20.2	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMDEN CARE CENTER INC

Street Address: 4659 LYNDALE AVE NORTH	**City and State:** MINNEAPOLIS MN 55412

Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	39.5	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	32	74.4	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	65.1	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	97.7	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	65.1	45.2	59.1
Residents on individually written bowel and bladder retraining program.	1	2.3	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	23.3	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	5	11.6	26.9	39.1
Residents requiring restraints.	3	7.0	18.4	31.7
Confused or disoriented residents.	0	0.0	39.4	55.8
Residents with bed sores.	2	4.7	2.6	4.7
Residents receiving special skin care.	10	23.3	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAREVIEW HOMES INC

Street Address: 5517 LYNDALE AVE SO	**City and State:** MINNEAPOLIS MN 55419

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 145	**Medicare Residents:** 2	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	80.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	130	89.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	111	76.6	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	79.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	32.4	30.3	37.7
Completely bedfast residents.	1	0.7	1.0	3.4
Residents confined to chairs.	40	27.6	42.6	50.8
Residents requiring restraints.	75	51.7	37.6	41.3
Confused or disoriented residents.	79	54.5	51.4	58.4
Residents with bed sores.	5	3.4	4.6	7.1
Residents receiving special skin care.	34	23.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDAR PINES NURSING HOME

Street Address: 2739 CEDAR AVENUE		**City and State:** MINNEAPOLIS MN 55407	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 131	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	5	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathning				
Residents requiring some or total assistance in bathing.	90	75.6	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	77.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	99	83.2	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	69.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	22.7	30.3	37.7
Completely bedfast residents.	1	0.8	1.0	3.4
Residents confined to chairs.	28	23.5	42.6	50.8
Residents requiring restraints.	53	44.5	37.6	41.3
Confused or disoriented residents.	77	64.7	51.4	58.4
Residents with bed sores.	7	5.9	4.6	7.1
Residents receiving special skin care.	21	17.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CENTRAL CARE CENTER

Street Address: 1828 CENTRAL AVENUE NORTHEAST		**City and State:** MINNEAPOLIS MN 55418	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 143	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	**Medicare Residents:** 1	**Medicaid Residents:** 116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	68.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	103	74.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	96	69.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	49.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	16.5	30.3	37.7
Completely bedfast residents.	2	1.4	1.0	3.4
Residents confined to chairs.	58	41.7	42.6	50.8
Residents requiring restraints.	51	36.7	37.6	41.3
Confused or disoriented residents.	36	25.9	51.4	58.4
Residents with bed sores.	13	9.4	4.6	7.1
Residents receiving special skin care.	37	26.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHATEAU HEALTHCARE CTR

Street Address: 2106 2ND AVE SOUTH	**City and State:** MINNEAPOLIS MN 55404

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	57.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	57	73.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	53	67.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	50.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	6.4	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	14.1	30.3	37.7
Completely bedfast residents.	4	5.1	1.0	3.4
Residents confined to chairs.	42	53.8	42.6	50.8
Residents requiring restraints.	22	28.2	37.6	41.3
Confused or disoriented residents.	37	47.4	51.4	58.4
Residents with bed sores.	6	7.7	4.6	7.1
Residents receiving special skin care.	14	17.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRYSTAL LAKE HEALTH CARE CTR

Street Address: 3815 WEST BROADWAY	**City and State:** MINNEAPOLIS MN 55422

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 166	**Medicare Residents:** 2	**Medicaid Residents:** 111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	138	83.1	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	145	87.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	132	79.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	59.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	7	4.2	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	17.5	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	78	47.0	42.6	50.8
Residents requiring restraints.	90	54.2	37.6	41.3
Confused or disoriented residents.	106	63.9	51.4	58.4
Residents with bed sores.	8	4.8	4.6	7.1
Residents receiving special skin care.	103	62.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DAVID HERMAN HEALTH CARE CENTER

Street Address: 2401 CHICAGO AVE S	**City and State:** MINNEAPOLIS MN 55404

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 147	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	**Medicare Residents:** 0	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	83.9	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	100	80.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	86	69.4	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	69.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	16.9	30.3	37.7
Completely bedfast residents.	2	1.6	1.0	3.4
Residents confined to chairs.	67	54.0	42.6	50.8
Residents requiring restraints.	67	54.0	37.6	41.3
Confused or disoriented residents.	66	53.2	51.4	58.4
Residents with bed sores.	5	4.0	4.6	7.1
Residents receiving special skin care.	16	12.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EBENEZER CAROLINE CENTER

Street Address: 110 EAST 18TH STREET	**City and State:** MINNEAPOLIS MN 55403

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 227	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 163	**Medicare Residents:** 7	**Medicaid Residents:** 129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	136	83.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	115	70.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	108	66.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	163	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	57.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	32.5	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	96	58.9	42.6	50.8
Residents requiring restraints.	24	14.7	37.6	41.3
Confused or disoriented residents.	76	46.6	51.4	58.4
Residents with bed sores.	3	1.8	4.6	7.1
Residents receiving special skin care.	36	22.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EBENEZER SOCIETY LUTHER HALL

Street Address: 2636 PARK AVE		**City and State:** MINNEAPOLIS MN 55407	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 310	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
292	2	186

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	268	91.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	241	82.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	228	78.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	292	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	212	72.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	96	32.9	30.3	37.7
Completely bedfast residents.	1	0.3	1.0	3.4
Residents confined to chairs.	65	22.3	42.6	50.8
Residents requiring restraints.	111	38.0	37.6	41.3
Confused or disoriented residents.	152	52.1	51.4	58.4
Residents with bed sores.	12	4.1	4.6	7.1
Residents receiving special skin care.	60	20.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EBENZER SOCIETY EBEN HALL

Street Address: 2545 PORTLAND AVE S		**City and State:** MINNEAPOLIS MN 55404	
Participation: MEDICAID ICF	**# of Beds:** 172	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
136	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	30.9	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	30	22.1	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	18	13.2	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	61.8	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	30.9	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	1	0.7	26.9	39.1
Residents requiring restraints.	1	0.7	18.4	31.7
Confused or disoriented residents.	43	31.6	39.4	55.8
Residents with bed sores.	1	0.7	2.6	4.7
Residents receiving special skin care.	11	8.1	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELLIOT AVE BOARDING CARE HOME

Street Address: 1500 ELLIOT AVENUE SOUTH	**City and State:** MINNEAPOLIS MN 55404

Participation: MEDICAID ICF	**# of Beds:** 15	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 15	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	68.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	0	0.0	56.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	46.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	6.7	72.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	0	0.0	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	0	0.0	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	4	26.7	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMERSON BOARDING CARE HOME

Street Address: 2708 EMERSON AVE SOUTH	**City and State:** MINNEAPOLIS MN 55408

Participation: MEDICAID ICF	**# of Beds:** 10	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 10	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	0	0.0	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	10.0	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	0	0.0	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	0	0.0	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	10	100	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMERSON PLACE NORTH

Street Address: 2304 EMERSON AVE N	**City and State:** MINNEAPOLIS MN 55411

Participation: MEDICAID ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	72.1	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	26	42.6	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	32.8	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	23.0	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	32.8	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	9.8	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	10	16.4	26.9	39.1
Residents requiring restraints.	1	1.6	18.4	31.7
Confused or disoriented residents.	30	49.2	39.4	55.8
Residents with bed sores.	2	3.3	2.6	4.7
Residents receiving special skin care.	26	42.6	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FIRST CHRISTIAN CHURCH RESIDENCE

Street Address: 2300 STEVENS AVE SO		**City and State:** MINNEAPOLIS MN 55404	
Participation: MEDICAID ICF	**# of Beds:** 65	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	65.6	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	45	70.3	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	42	65.6	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	100	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	59.4	45.2	59.1
Residents on individually written bowel and bladder retraining program.	20	31.3	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	37.5	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	17	26.6	26.9	39.1
Residents requiring restraints.	10	15.6	18.4	31.7
Confused or disoriented residents.	39	60.9	39.4	55.8
Residents with bed sores.	1	1.6	2.6	4.7
Residents receiving special skin care.	13	20.3	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUR SEASONS CARE CENTER-METRO

Street Address: 321 E 25TH ST		**City and State:** MINNEAPOLIS MN 55404	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	97.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	63	84.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	53	70.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	92.0	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	64.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	49.3	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	25	33.3	42.6	50.8
Residents requiring restraints.	34	45.3	37.6	41.3
Confused or disoriented residents.	52	69.3	51.4	58.4
Residents with bed sores.	6	8.0	4.6	7.1
Residents receiving special skin care.	18	24.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN PLACE EAST

Street Address: 2100 1ST AVENUE SOUTH		**City and State:** MINNEAPOLIS MN 55404	
Participation: MEDICAID ICF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
35	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	94.3	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	18	51.4	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	8	22.9	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	68.6	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	11.4	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	2.9	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	1	2.9	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	7	20.0	39.4	55.8
Residents with bed sores.	1	2.9	2.6	4.7
Residents receiving special skin care.	0	0.0	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRAND AVENUE REST HOME

Street Address: 3956 GRAND AVENUE SOUTH		**City and State:** MINNEAPOLIS MN 55409	
Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
15	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	6.7	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	1	6.7	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	13.3	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	0	0.0	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	2	13.3	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	0	0.0	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HORIZON WEST HEALTH CARE CENTER

Street Address: 1620 OAK PARK AVENUE NORTH		**City and State:** MINNEAPOLIS MN 55411	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	48.9	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	37	40.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	22	23.9	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	23.9	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	32.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	6.5	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	9	9.8	42.6	50.8
Residents requiring restraints.	3	3.3	37.6	41.3
Confused or disoriented residents.	35	38.0	51.4	58.4
Residents with bed sores.	5	5.4	4.6	7.1
Residents receiving special skin care.	8	8.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JONES HARRISON HOME

Street Address: 3700 CEDAR LAKE AVENUE		**City and State:** MINNEAPOLIS MN 55416	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 163	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
139	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	71.9	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	57	41.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	47	33.8	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	48.9	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	34.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	3.6	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	10.1	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	22	15.8	42.6	50.8
Residents requiring restraints.	20	14.4	37.6	41.3
Confused or disoriented residents.	35	25.2	51.4	58.4
Residents with bed sores.	2	1.4	4.6	7.1
Residents receiving special skin care.	15	10.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LASALLE CONVALESCENT HOME

Street Address: 1920 LASALLE AVE		**City and State:** MINNEAPOLIS MN 55403	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 0	**Medicaid Residents:** 101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	18.9	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	61.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	38.7	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	38.7	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	41.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	3.6	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	11.7	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	36	32.4	42.6	50.8
Residents requiring restraints.	29	26.1	37.6	41.3
Confused or disoriented residents.	50	45.0	51.4	58.4
Residents with bed sores.	5	4.5	4.6	7.1
Residents receiving special skin care.	4	3.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
METRO CARE CENTER

Street Address: 1300 OLSEN MEMORIAL HWY		**City and State:** MINNEAPOLIS MN 55411	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	2	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	77.6	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	67	68.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	54	55.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	76.5	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	61.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	22.4	30.3	37.7
Completely bedfast residents.	1	1.0	1.0	3.4
Residents confined to chairs.	25	25.5	42.6	50.8
Residents requiring restraints.	39	39.8	37.6	41.3
Confused or disoriented residents.	70	71.4	51.4	58.4
Residents with bed sores.	4	4.1	4.6	7.1
Residents receiving special skin care.	32	32.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNT OLIVET HOMES INC

Street Address: 5517 LYNDALE AVE SO		**City and State:** MINNEAPOLIS MN 55419	
Participation: MEDICAID ICF	**# of Beds:** 97	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	2.2	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	0	0.0	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	0	0.0	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	6	6.7	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	0	0.0	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NICOLLET HEALTH CARE CTR

Street Address: 4429 NICOLLET AVENUE SOUTH	**City and State:** MINNEAPOLIS MN 55409

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 142	**Medicare Residents:** 3	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	132	93.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	124	87.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	103	72.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	64.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	43.7	30.3	37.7
Completely bedfast residents.	1	0.7	1.0	3.4
Residents confined to chairs.	87	61.3	42.6	50.8
Residents requiring restraints.	86	60.6	37.6	41.3
Confused or disoriented residents.	101	71.1	51.4	58.4
Residents with bed sores.	3	2.1	4.6	7.1
Residents receiving special skin care.	39	27.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NILE HEALTH CARE CENTER

Street Address: 3720 23RD AVENUE SOUTH		**City and State:** MINNEAPOLIS MN 55407	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
120	1	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	86.7	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	110	91.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	100	83.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	100	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	77.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	31.7	30.3	37.7
Completely bedfast residents.	1	0.8	1.0	3.4
Residents confined to chairs.	65	54.2	42.6	50.8
Residents requiring restraints.	86	71.7	37.6	41.3
Confused or disoriented residents.	88	73.3	51.4	58.4
Residents with bed sores.	8	6.7	4.6	7.1
Residents receiving special skin care.	26	21.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PILLSBURY BOARD AND CARE HOME

Street Address: 2500 PILLSBURY AVE SOUTH	**City and State:** MINNEAPOLIS MN 55404

Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	19.0	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	2	9.5	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	1	4.8	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	9.5	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	0	0.0	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	0	0.0	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	0	0.0	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUEEN NURSING HOME

Street Address: 300 QUEEN AVENUE NORTH	**City and State:** MINNEAPOLIS MN 55405

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	54.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	19	30.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	17	27.4	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	56.5	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	14.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	8.1	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	10	16.1	42.6	50.8
Residents requiring restraints.	3	4.8	37.6	41.3
Confused or disoriented residents.	43	69.4	51.4	58.4
Residents with bed sores.	0	0.0	4.6	7.1
Residents receiving special skin care.	18	29.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REDEEMER RESIDENCE

Street Address: 3111 LYNDALE AVE S		**City and State:** MINNEAPOLIS MN 55408	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 163	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
143	0	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	136	95.1	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	65.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	35.7	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	95.1	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	35.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	14.7	30.3	37.7
Completely bedfast residents.	1	0.7	1.0	3.4
Residents confined to chairs.	18	12.6	42.6	50.8
Residents requiring restraints.	43	30.1	37.6	41.3
Confused or disoriented residents.	49	34.3	51.4	58.4
Residents with bed sores.	4	2.8	4.6	7.1
Residents receiving special skin care.	27	18.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHSIDE CARE CENTER

Street Address: 2644 ALDRICH AVENUE SOUTH	**City and State:** MINNEAPOLIS MN 55408

Participation: MEDICAID ICF	**# of Beds:** 20	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 19	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	10.5	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	1	5.3	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	5.3	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	10.5	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	0	0.0	26.9	39.1
Residents requiring restraints.	0	0.0	18.4	31.7
Confused or disoriented residents.	1	5.3	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	2	10.5	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ANTHONY ELDER CARE

Street Address: 817 NE MAIN ST	**City and State:** MINNEAPOLIS MN 55413

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 150	**Medicare Residents:** 2	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	79.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	125	83.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	106	70.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	60.0	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	64.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	26.0	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	87	58.0	42.6	50.8
Residents requiring restraints.	33	22.0	37.6	41.3
Confused or disoriented residents.	41	27.3	51.4	58.4
Residents with bed sores.	5	3.3	4.6	7.1
Residents receiving special skin care.	32	21.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ANTHONY HEALTH CENTER

Street Address: 3700 FOSS ROAD NORTHEAST		**City and State:** MINNEAPOLIS MN 55421	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 154	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
144	1	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	92.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	111	77.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	95	66.0	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	63.2	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	52.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	2.1	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	36.8	30.3	37.7
Completely bedfast residents.	2	1.4	1.0	3.4
Residents confined to chairs.	49	34.0	42.6	50.8
Residents requiring restraints.	69	47.9	37.6	41.3
Confused or disoriented residents.	90	62.5	51.4	58.4
Residents with bed sores.	13	9.0	4.6	7.1
Residents receiving special skin care.	50	34.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARYS REHABIILITATION CENTER

Street Address: 2512 S 7TH ST	**City and State:** MINNEAPOLIS MN 55454

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 139	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 9	**Medicaid Residents:** 10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	92.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	49	94.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	46	88.5	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	90.4	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	71.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	9.6	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	42.3	30.3	37.7
Completely bedfast residents.	1	1.9	1.0	3.4
Residents confined to chairs.	14	26.9	42.6	50.8
Residents requiring restraints.	8	15.4	37.6	41.3
Confused or disoriented residents.	14	26.9	51.4	58.4
Residents with bed sores.	9	17.3	4.6	7.1
Residents receiving special skin care.	13	25.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST OLAF RESIDENCE

Street Address: 2912 FREMONT AVENUE NORTH		**City and State:** MINNEAPOLIS MN 55411	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 185	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
137	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	78.8	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	64	46.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	58	42.3	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	46.0	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	22.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	43.8	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	11	8.0	42.6	50.8
Residents requiring restraints.	33	24.1	37.6	41.3
Confused or disoriented residents.	56	40.9	51.4	58.4
Residents with bed sores.	1	0.7	4.6	7.1
Residents receiving special skin care.	7	5.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STEVENS SQUARE

Street Address: 101 EAST 32ND STREET		**City and State:** MINNEAPOLIS MN 55408	
Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	87.7	68.4	78.3
Dressing Residents requiring some or total assistance in dressing.	33	50.8	56.6	76.7
Toileting Residents requiring some or total assistance in toileting.	21	32.3	46.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	29.2	72.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	24.6	45.2	59.1
Residents on individually written bowel and bladder retraining program.	2	3.1	3.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	4.6	21.7	29.3
Completely bedfast residents.	0	0.0	0.5	3.6
Residents confined to chairs.	13	20.0	26.9	39.1
Residents requiring restraints.	7	10.8	18.4	31.7
Confused or disoriented residents.	30	46.2	39.4	55.8
Residents with bed sores.	0	0.0	2.6	4.7
Residents receiving special skin care.	12	18.5	19.9	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNIVERSITY HEALTH CARE CENTER

Street Address: 22-27TH AVENUE SOUTHWEST		**City and State:** MINNEAPOLIS MN 55414	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 368	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 325	**Medicare Residents:** 8	**Medicaid Residents:** 212

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	246	75.7	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	225	69.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	201	61.8	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	310	95.4	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	201	61.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	6	1.8	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	98	30.2	30.3	37.7
Completely bedfast residents.	2	0.6	1.0	3.4
Residents confined to chairs.	140	43.1	42.6	50.8
Residents requiring restraints.	98	30.2	37.6	41.3
Confused or disoriented residents.	68	20.9	51.4	58.4
Residents with bed sores.	20	6.2	4.6	7.1
Residents receiving special skin care.	98	30.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WALKER METHODIST RESIDENCE HLTH CTR

Street Address: 3737 BRYANT AVE S		**City and State:** MINNEAPOLIS MN 55409	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 490	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 474	**Medicare Residents:** 2	**Medicaid Residents:** 192

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	433	91.4	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	359	75.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	338	71.3	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	16.9	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	340	71.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	13	2.7	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	315	66.5	30.3	37.7
Completely bedfast residents.	7	1.5	1.0	3.4
Residents confined to chairs.	168	35.4	42.6	50.8
Residents requiring restraints.	160	33.8	37.6	41.3
Confused or disoriented residents.	317	66.9	51.4	58.4
Residents with bed sores.	20	4.2	4.6	7.1
Residents receiving special skin care.	45	9.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOWS CONV CTR CENTRAL

Street Address: 625 E 16TH ST		**City and State:** MINNEAPOLIS MN 55404	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 172	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 170	**Medicare Residents:** 2	**Medicaid Residents:** 153

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	25.3	82.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	52.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	38.2	66.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	61.2	89.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	42.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	19	11.2	4.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	10.0	30.3	37.7
Completely bedfast residents.	1	0.6	1.0	3.4
Residents confined to chairs.	32	18.8	42.6	50.8
Residents requiring restraints.	18	10.6	37.6	41.3
Confused or disoriented residents.	53	31.2	51.4	58.4
Residents with bed sores.	12	7.1	4.6	7.1
Residents receiving special skin care.	66	38.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOWS CONVALESCENT CENTER SOUTH

Street Address: 6130 LYNDALE AVENUE SOUTH		**City and State:** MINNEAPOLIS MN 55419	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
144	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	92.4	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	128	88.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	124	86.1	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	95.1	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	122	84.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	35.4	30.3	37.7
Completely bedfast residents.	4	2.8	1.0	3.4
Residents confined to chairs.	108	75.0	42.6	50.8
Residents requiring restraints.	95	66.0	37.6	41.3
Confused or disoriented residents.	101	70.1	51.4	58.4
Residents with bed sores.	5	3.5	4.6	7.1
Residents receiving special skin care.	32	22.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOWS EAST HEALTH CARE CENTER

Street Address: 719 EAST 16TH STREET	**City and State:** MINNEAPOLIS MN 55404

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 170	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	84.3	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	93	80.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	79	68.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	68.7	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	67.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	19	16.5	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	44.3	30.3	37.7
Completely bedfast residents.	12	10.4	1.0	3.4
Residents confined to chairs.	30	26.1	42.6	50.8
Residents requiring restraints.	43	37.4	37.6	41.3
Confused or disoriented residents.	71	61.7	51.4	58.4
Residents with bed sores.	9	7.8	4.6	7.1
Residents receiving special skin care.	103	89.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
YORKSHIRE MANOR

Street Address: 2200 PARK AVENUE		**City and State:** MINNEAPOLIS MN 55404	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	35.0	82.4	81.5
Dressing Residents requiring some or total assistance in dressing.	38	47.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	27	33.7	66.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	32.5	89.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	28.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	4.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	8.7	30.3	37.7
Completely bedfast residents.	0	0.0	1.0	3.4
Residents confined to chairs.	18	22.5	42.6	50.8
Residents requiring restraints.	9	11.2	37.6	41.3
Confused or disoriented residents.	40	50.0	51.4	58.4
Residents with bed sores.	2	2.5	4.6	7.1
Residents receiving special skin care.	17	21.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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